

GATE Charitable Giving Mail-In Contribution Form

Please print this form and mail it to:

GATE Charitable Giving
912 Market Street
La Crosse, WI 54601-8800



Prefix: Mr. Mrs. Ms. Mr. & Mrs.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Donation Amount: \$25 \$50 \$100 \$250 \$500 Other \$ _____

Credit Card: Visa MasterCard Discover

Account Number: _____ - _____ - _____ - _____

Expiration Date _____ of _____ Security code on back of card (3 digits): _____

Billing Name: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

Use My Gift as Follows:

Health and Human Services
Potable Water

Unrestricted
Agriculture

Education
Cherie's Kids Fund

In memory of: _____

In honor of: _____

GATE is a sponsored ministry of the Franciscan Sisters of Perpetual Adoration

