



**ST. FRANCIS OF ASSISI**  
*Catholic Mission*

# GIFT FORM

Name:

Address:

City

State

ZIP

Home Phone:

Cell Phone

E-mail

Total Amount of Gift

Initial Payment Amount

Number of Payments

Amount of Each Payment

Method of Payment

Card Type

Card Number Exp.

Date

Security Code

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**I/We wish our donation to be designated for:**

Signature

Date: