

The Father John Harvey Guild, Inc.

a 501(c)(3) non-profit organization

DONATION FORM

Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email: (required for CC gifts)	
[OONATION AND PLEDGE INFORM	ATION
I (we	e) pledge a total of \$t	o be paid:
Nov	v Monthly Quarter	ly Yearly
Plea	se fill out the following for credit	card gifts:
Credit Card #		CVV code
Expiration date (mo./yr.)_ Name on Card_	check here to r	make this a monthly gift
For donations by check, ple and mail it along with this fo	ase make your check payable to <i>Th</i> rm to: The Father John Harvey Gui 3050 Gap Knob Road New Hope, Kentucky 40052-6297	
If you are considering otl	ner types of donations, please emai	il us at: info@frjohnharvey.com
	ACKNOWLEDGEMENT INFORMA	TION
All donations are kept confidential. We do not publish the names of our donors, nor do we sell or share our mailing list.		
I (we) prefer NOT to receive a written acknowledgement		