

HOUSE OF CHARITY

Total Gift \$ _____ (Make check payable to HOUSE OF CHARITY)

Down Pmt: \$ _____ Balance: \$ _____ to be paid in _____ monthly installments

Charge my credit card #:

Name on Card:

Expiration-Date: _____ CSV: _____ VISA _____ M/C _____ AMEX _____ DISCOVER _____

____ I already donated ____ I'm thinking about it, call me ____ I can't make a pledge today

Name: _____

Address: _____

City/State/Zip: _____

Tel-#: _____

Email: _____

RETURN TO:

ST JOSEPH CHURCH
126 44TH ST
SEA ISLE CITY, NJ 08243