

It's easy to become a Passionist Partner!

1. Indicate the amount of your monthly gift and provide the personal information we request.
2. Check the giving option you prefer, either A or B.

Yes. To insure that the Passionists have the resources to help the poor and suffering each month, I agree to make a monthly contribution of:

\$10 \$15 \$25 \$50

Other \$ _____

A. Please transfer my gift from my checking account. I have enclosed a check for my first month's contribution.

B. Please transfer my monthly gift from my credit card.

Visa MasterCard Discover

Card Number _____

Expiration Date _____

3. Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Date: _____

4. Mail this form to us at:

The Passionist Missionaries

Attn: Darlene

526 Monastery Place

Union City, NJ 07087-3398

DLisotta@cprov.org

1-888-806-6606, ext. 7017

