

Patrick Place Donation Form



Please fill in the following information & mail to
Patrick Place
c/o St. Mary of the Assumption
99 Main St, PO Box 73, Scottsville, NY 14546

Your Name: _____

Address: _____

City, State & Zip Code: _____

My gift is: _____ In Memory _____ In Honor of

Provide Name: _____

_____ I wish to remain anonymous.

Method of Payment

1.) Enclosed is my check with a donation of \$ _____

2.) Please deduct \$ _____ from my credit card.

Please Circle: Visa MasterCard Discover American Express

Card# _____

Expiration date: _____

Card 3 digit verification number from the back: _____

Your Signature: _____

Date: _____

Acknowledgement

Please acknowledge this gift to: (amount will not be specified)

Name: _____

Address: _____

City, State & Zip Code: _____

Thank you for your generous tax deductible donation!