



Donation Form

Name:					
Address:					
City:		State:		Zipcode:	
Phone:					
Email:					
Donation Amount:	\$				

Donation Intention:

- | | |
|--|---|
| <input type="checkbox"/> Weekly Offertory | <input type="checkbox"/> Heart of the Parish Fund |
| <input type="checkbox"/> Mustard Seed Fund | <input type="checkbox"/> Capital Campaign |
| <input type="checkbox"/> Memorial Fund | <input type="checkbox"/> Other: _____
Please Specify |

Gift in Honor of (Optional): Please provide Honoree's name and address below. If you would like to Gift in honor of more than one person, place additional recipients on the back. A certificate of donation will be mailed to each immediately upon receipt of your check.

Name:					
Address:					
City:		State:		Zipcode:	

Please drop this form in the collection basket at Mass with your donation, or mail it to:
 St. Joan of Arc Catholic Church | 359 W. Areba Ave. | Hershey, PA 17033