

Pentecost Appeal 2024 Donate by Mail Form

Please complete the form below and mail it to the address above. Make checks payable to "Saint Luke Institute."

Yes! I want to help Saint Luke Institute support healthy life and ministry for priests, religious and all who serve the Church. Enclosed is my donation of:

| | | \$2,000 | □ \$1,000 | □ \$500 | |
|-----------------------------|---------|---------------|----------------------|-------------------|--------------------------|
| | | | \$100 | | |
| | | \$25 | □ Other \$ | | |
| Chec | k one: | One-T | Time Donation | Month | ly Donation |
| □ My gift is in honor of | | | | | |
| □ My gift is in memory of_ | | | | | |
| □ I am interested in making | | | | | |
| □ I am interested in includ | ing Sai | nt Luke Insti | itute in my estate p | olans. (Please co | ontact me.) |
| | | | | | |
| | | | | | |
| Title and Full Name | | | | | |
| Organization | | | | | |
| Mailing Address | | | | | |
| City | | | State | ZIP | Code |
| Daytime Phone | | | | | |
| Email address | | | | | |
| Select Payment Type: | Chec | k / Money O | Order Cre | dit Card (comp | blete information below) |
| Card Type (select): Vis | a | Mastercard | American Exp | press Disco | ver |
| Card Holder Name (print): | | | | | - |
| Card Holder Signature: | | | | | - |
| Credit Card Number: | | | Expiration (n | nm/yy): | _ Security Code: |

Please contact Rodrick Williams at 301-422-5408 or development@sli.org with any questions.

Saint Luke Institute is a 501(c)3 organization. Contributions are tax deductible to the extent permitted by law. Thank you for your support.