



# SAINT LUKE INSTITUTE

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## Christmas 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:

- |                                  |  |                                |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$1,000       | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$250   | <input type="checkbox"/> \$100         | <input type="checkbox"/> \$50  |
| <input type="checkbox"/> \$25    | <input type="checkbox"/> Other \$_____ |                                |

Check one: \_\_\_ One-Time Donation    \_\_\_ Monthly Donation

- My gift is in honor of \_\_\_\_\_
- My gift is in memory of \_\_\_\_\_
- I am interested in making a gift of securities to Saint Luke Institute. (Please contact me.)
- I am interested in including Saint Luke Institute in my estate plans. (Please contact me.)

Title and Full Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email address \_\_\_\_\_

Select Payment Type: \_\_\_ Check / Money Order    \_\_\_ Credit Card (complete information below)

Card Type (select): \_\_\_ Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover

Card Holder Name (print): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration (mm/yy): \_\_\_\_\_ Security Code: \_\_\_\_\_

*Please contact [development@sls.org](mailto:development@sls.org) or call 301-445-7970 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.*