

Please accept this tax-deductible gift to support the Congregation of St. Joseph:

Amount	: \$							
Purpose	: Where it is r	nost needed	Sisters'	retirement ne	eds	Other		
Payment Method:								
	Check enclosed (payable to Congregation of St. Joseph) IRA Distribution or Donor Advised Fund (use EIN: 83-0481134) Credit Card (check one): Visa Mastercard Amex Discover							
	Credit Card Numb	1.1						
	Credit Card Number: Exp. Date: I authorize the Congregation of St. Joseph to charge my card for the amount of							
	Once Monthly (I want to become a sustaining, monthly donor.)							
Signature:				Date:				
Tribute Gift (optional):								
in honor in memory of (Name):								
Please notify the following of my gift (Name):								
(Address)				(City, State Zip)				
Acknow	ledgement Letter	Request:	Mail	E-mail	One	e annual	statement	
I'd like to learn about: including CSJ ir			SJ in my es	ny estate plans charitable gift annuities				
Name:								
Address:			Cit	City, State, Zip:				
Phone:			Em	Email:				
Comme	nts:							

Please direct mail to "Congregation of St. Joseph" at one of these locations:

St. Joseph Center* 3430 Rocky River Dr. Cleveland, OH 44111-2954

Ministry Center 1515 West Ogden Avenue La Grange Park, IL 60526-1721 Nazareth Center 2929 Nazareth Rd. Kalamazoo, MI 49048-2611

Mount St. Joseph 137 Mount St. Joseph Rd. Wheeling, WV 26003-1762

*includes Medaille, Tipton, Wichita gifts. Questions? Email development@csjoseph.org