



Mail-In Donation Form

Donations in any amount are greatly appreciated. With your generosity, we are able to continue to provide our residents with loving care in a respectful, homelike environment that honors individual dignity.

DONOR INFORMATION

Donor Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

All personal information will remain confidential.

St. Anne's Salvatorian Campus is included in my/our will.

Please send information on how to include St. Anne's Salvatorian Campus in my/our will.

GIFT DETAILS

Enclosed is my gift of: \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Check one, if applicable: this gift is made in honor of memory of _____

Please acknowledge my gift to: Name _____

Address _____

City _____ State _____ Zip _____

PAYMENT DETAILS

Check payable to St. Anne's Salvatorian Campus is enclosed.

Mastercard Visa Discover

Card No. _____ Expiration Date _____

Signature _____

Mail donation form to:
St. Anne's Salvatorian Campus
3800 N. 92nd Street
Milwaukee, WI 53222