



Mail To:
St. Francis Parish
c/o: Accounting
900 H. Street
Bakersfield, CA 93304

SINGLE OR MONTHLY GIFT FORM

I would like to donate the following amount: \$_____.

Circle one: **Monthly** **One-Time**

DONATING BY CHECK: Please mail your check to the address above.

IF DONATING BY CREDIT CARD: Please provide us with the following information:

Circle the credit card type:

VISA Master Card American Express Discover

Name as shown on Card: _____

Credit Card Number: _____ Exp Date: _____

CVV Code: _____ Billing Zip Code: _____

Donation Details:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email: _____