

# Adopt a Sister

**Yes! I would like to Adopt a Salesian Sister!**

Enclosed is my yearly gift of (check one)     \$260     \$160     \$500     Other \_\_\_\_\_

Enclosed is my quarterly gift of (check one)     \$65     \$40     \$125     Other \_\_\_\_\_

I will make my donation via:     Check (Please make payable to the Salesian Sisters)  
   Money Order  
   Visa  
   MasterCard  
   Discover

Card Number:                Expiration Date:   /

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

I heard about this program from: \_\_\_\_\_

I already know a Sister. I would like to adopt: \_\_\_\_\_

I would like you to choose a Sister for me. \_\_\_\_\_

Ms./Mr./Mrs. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_    E-mail address: \_\_\_\_\_

Birthdate:    Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_

This adoption is a gift. (Please write the recipients information below.)

Ms./Mr./Mrs. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_    E-mail address: \_\_\_\_\_

Birthdate:    Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_

**Please mail this form to:**

**Sr. Mary Rinaldi, FMA  
659 Belmont Avenue  
North Haledon, NJ 07508**

For office use only:  
\_\_\_\_\_

The Missionary Society of the Salesian Sisters is a 501(c)(3) tax-exempt organization. It can be matched by any donor affiliated with a corporation providing matching funds.