



Adopt a Sister

For office use only:

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 American Express

Card Number: _____ Expiration Date: _____

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**