



# The Franciscan Center, Inc.

## FAX DONATION FORM

**Fax to: (260) 744-2722**

(please print)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Day Time Phone: (     ) \_\_\_\_\_

Evening Phone: (     ) \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

(please check credit choice below)

VISA

MasterCard

Account Number: \_\_\_\_\_

Expires: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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