



Dear Father,

I'd like to help provide medicines and surgical supplies for the poor, suffering sick in our Franciscan Missions. I enclose my donation of:

\$ \_\_\_\_\_  \$15  \$100  \$50  \$25  \$75

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Signature

Please send this form and your offering to the address below. Thank you.

Make check payable to Franciscan Mission Associates . Please be sure to complete all information.  
Franciscan Mission Associates • 274-280 West Lincoln Avenue • P.O. Box 598 • Mount Vernon, NY 10551-0598