



## SPECIAL INTENTION GIFT FORM

**YES**, we want to help those in need in our community through the Society of St. Vincent de Paul charity programs.

**This gift is in honor of:** \_\_\_\_\_  
NAME (FIRST, LAST)

**GIFT AMOUNT:**

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$10            |
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$5             |
| <input type="checkbox"/> \$25  | <input type="checkbox"/> Other: \$ _____ |

*Please make checks payable to **Society of St. Vincent de Paul**.*

**PLEASE MAIL COMPLETED FORM AND CHECK TO:**

Society of St. Vincent de Paul  
3001 E. 30th Street  
Indianapolis, IN 46218  
Phone 317-849-5446

**PLEASE SEND CARD TO:**

\_\_\_\_\_  
NAME (FIRST, LAST)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

**GIFT FROM:**

\_\_\_\_\_  
NAME (FIRST, LAST)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE

**PLEASE RETURN THIS FORM WITH YOUR GIFT**