



St. Vincent de Paul Indianapolis Gift Form

Your contact information:

Today's date: _____

Name(s): _____

Address: _____ City, ST, Zip: _____

Phone: _____ Email: _____

For recognition purposes, your name will appear as it is listed above. If you would like to be listed differently, please list it here: _____

What area would you like to support?

- | | |
|--|--|
| <input type="checkbox"/> Nutritious Food for the Food Pantry | <input type="checkbox"/> Love Your Neighbor Center/homeless programs |
| <input type="checkbox"/> Changing Lives Forever program | <input type="checkbox"/> Wherever it is most needed |
| <input type="checkbox"/> Mattress Purchase program | <input type="checkbox"/> Other: _____ |

Is this gift in honor or in memory of someone?

In honor of **OR** In memory of Name: _____

If you would like for us to notify someone of this gift, please tell us their name and address:

Donation Amount: \$ _____

Check (payable to SVdP Indy)

Credit card

Name on card: _____ Billing zip code: _____

Expiration date: _____ CVV code: _____

I'd like to provide ongoing support for those in need. Please charge my credit card:

\$ _____ monthly for _____ months.

We do our best to save money and resources. Please check here if we may communicate with you via email. We will never sell or share your contact information with any other organization.

Email: _____

Thank you for making a difference. Your support gives hope to those who need it most.

You can also give online at svdpindy.org/give

For more information, or to give a gift by phone, please call 317.921.1405 or email philanthropy@svdpindy.org.

Please mail to: SVdP Indianapolis • 2500 Churchman Ave • Indianapolis, IN 46203-4613