

ST. JOSEPH CENTER **THANKSGIVING** COMMITMENT FORM

Name _____

Address _____

City, State _____ Zip code _____

Phone _____

Email Address _____

Organization/Company _____

Return this card by **Friday, Nov. 6, 2020**
ST. JOSEPH CENTER | Development
 204 Hampton Drive, Venice, CA 90291
 F: 310-399-3040 P: 310-396-6468 x326
 E: saydin@stjosephctr.org

Please make checks payable to **ST. JOSEPH CENTER**

Check Enclosed

I will bring _____ non-perishable Thanksgiving "Baskets" with \$25 grocery gift card(s) please bring to St. Joseph Center from 8 am - 3 pm Tuesday, November 17, through November 19, 2020.

I will coordinate group participation (group listed above.) Please contact me directly.

If you prefer to use a Credit Card, please enter number below or visit website www.stjosephctr.org to make an express donation.

Credit Card #

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Exp Date

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CCV

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Signature _____