

ST. JOSEPH CENTER SHARE THE SEASON COMMITMENT CARD

Name/Organization/Company _____
 Address _____
 City, State _____ Zip Code _____
 Phone _____ Email Address _____



EXPRESS SHARING

I will support ___ Individuals at \$25 each for a total of \$ _____

I will support ___ Families of 4 at \$150 each for a total of \$ _____

Total Express Donation \$ _____

GIFT CARDS SHOULD BE DROPPED OFF

between **Monday, December 2nd – Tuesday, December 10th, 2024** Please make sure to write \$ amount on gift cards and deliver in labeled envelope by Tuesday, December 10th, 2024



SHARE WITH A FAMILY OR INDIVIDUAL

I will support ___ Individuals without children. Please send me a wishlist for each individual.

I will support ___ Families with children no larger than ___ people each.

Please send me a wishlist for each family.

Total Express Donation \$ _____

Check Enclosed - **Please make checks payable to ST. JOSEPH CENTER**

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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Return this card by
Wednesday, December 4th
St. Joseph Center | Development
204 Hampton Drive, Venice, CA 90291
 F: 310-399-3040 P: 310-396-6468 x332
 Please contact Shelly Aydin:
saydin@stjosephctr.org