

ST. JOSEPH CENTER THANKSGIVING COMMITMENT CARD

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

- I will contribute _____ Express Baskets at \$50 each for a total of \$ _____
- I will bring _____ non-perishable Thanksgiving "Baskets" with \$25 grocery gift card(s)

by 5pm on Thursday, November 14th

- I will coordinate group participation. Please contact Shelly Aydin at: saydin@stjosephctr.org
- 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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Signature _____



Return this card by
Friday, November 1st
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

