

JOSEPH'S HOUSE MISSION OUTREACH CENTER

Compassionately serving those in need.

SUSTAINING DONOR REGISTRATION FORM

Name: _____

Mailing Address: _____

Phone#: _____

Email: _____

Catholic Parish I belong to (if applicable): _____

As a Sustaining Member and partner in the mission of Joseph's House, I would like to give
\$ _____
per month towards this very important work.

Communication options - please check all that apply below:

_____ I would like monthly envelopes to aid in my donations

_____ I would like a Thank You note each month when my donation arrives

_____ I would like to receive the quarterly Sustaining Donor newsletter

_____ I would like to receive an annual Tax Receipt for my donations

_____ I give permission for my email to be added to your Prayer Ministry as well
*Prayer partners receive a monthly email from the Director with special prayer requests
gathered from our clients.

Please note: Joseph's House is unable to process Credit Card payments at this time. Checks may be made out to Joseph's House and mailed to:

Joseph's House
Sustaining Donor Program
113 Elmwood Avenue
Burlington, VT 05401

