

MONTHLY MISSION DONOR

Yes, I would like to become a Monthly donor to the Holy Father's Fund for the Missions!

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Return this form to:

Society for the Propagation of the Faith

1404 East 9th Street, 3rd Floor

Cleveland, OH 44114

MAY GOD BLESS YOU FOR YOUR GENEROSITY!

