

## Capuchin Province of St. Joseph

Yes, I want to assist the Capuc	hin friars. Please use my c	ontribution in one of the following needs:
☐ Capuchin Province of St. Jo	seph	
☐ Retired friars		
☐ Formation of new friars		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
☐ Please add me to your montly e-newsletter mailing list		
Enclosed is my gift of: \$		
O Check Enclosed		
O Pay via credit card:	☐ VISA ☐ MasterCard ☐	DISC AMEX
Name on card:		
Card #:		
	Security code:	
Signature:		
This donation is:		
O In honor of:		
O In memory of:		
For my in honor/memorial gift, please send an acknowledgement card to:		
Name:		
Address:		

Please mail to: Capuchin Province of st. Joseph Development Department 1820 Mt. Elliott Street Detroit, MI 48207