



St. Vincent de Paul Society Naples District Council

PLEASE MAKE YOUR GIFT TO ONE OF THE FOLLOWING AREAS:

- | | |
|--|---|
| <input type="checkbox"/> General Donation | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Scholarship Fund |
| <input type="checkbox"/> Meals on Wheels Endowment | <input type="checkbox"/> Holiday / Special Assistance |

All donations are tax deductible to the fullest extent of the law

My Gift is in Memory of: _____

My Gift is in Honor of: _____

Send Acknowledgement to:

Name: _____

Address: _____

City/State/Zip: _____

Please send me information about including SVDP in my will.

I have included SVDP in my will.

You can make your gift online: www.svdpneples.org

Enclosed is my tax deductible gift to the Society of St. Vincent de Paul, Naples District Council, in the amount of: \$500 \$250 \$100 Other \$ _____

Name: _____ Company: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

This gift will be matching gift from (company name): _____

Please make the check payable to the: Society of St. Vincent de Paul, Naples District Council, Inc.

Visa Master Card American Express Discover

Credit Card Number: _____ Exp. Date: _____ CV# _____

Name on Card: _____

Signature: _____