

Automatic Payment and Credit Card Information

Automatic Payment Authorization

I authorize Sister Parish, Inc. and the financial institution named below to initiate entries to my checking/savings account beginning _____ and ending _____. I can stop payment of any entry by notifying Sister Parish, Inc. in writing.

Name of Institution: _____
Branch: _____
Signature of Donor: _____
Date: _____
Account #: _____

Please attach a voided check

Credit Card Payment Authorization

Amount: \$ _____ Visa MC
Card #: _____
Expiration Date: _____
Signature: _____

In Memory, or In Honor of... Information

My gift is in memory of: _____
 My gift is in honor of: _____
Please Notify (name): _____
(address): _____

Thank you for your support!

Questions? Call Sister Parish Staff at 563-419-4741

SISTER PARISH, INC.
Financial Office
P.O. Box 5202 • Fargo, ND 58105-5205
Tax ID: 41-1622569

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