

## Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

*Thank you for being a Faithful Friend!*



I am not in a position to become a monthly donor right now, but please accept my gift of \$ \_\_\_\_\_

- ☐ I have enclosed a check.  
☐ Please charge my credit card below.

Card#: \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_

# Faithful Friends

*Monthly Giving Program*



# SOAR!

Support Our Aging Religious, Inc.

3025 4th Street NE  
 Washington, DC 20017-2145

202.529.7628 | [www.soar-usa.org](http://www.soar-usa.org) | [info@soar-usa.org](mailto:info@soar-usa.org)

*SOAR! is listed in the Official Catholic Directory.*

# SOAR!

Support Our Aging Religious, Inc.

## What is Faithful Friends?

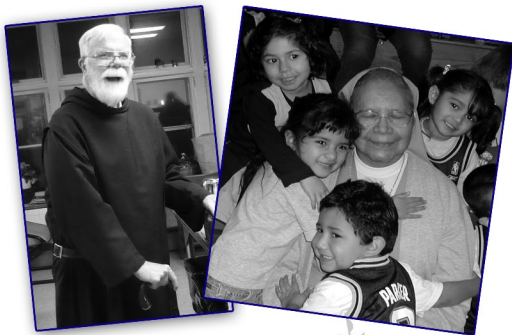
Faithful Friends is a simple and effective way to support SOAR! on a monthly basis.

## How does it work?

Sign up for a monthly donation to be given to SOAR! each month using your bank account or credit card.

## Why should I join?

Automatic monthly donations are an easy way for you to continually support SOAR! They help us to budget more effectively and reduce administrative, paper and postage costs, allowing your donation to go further in helping elderly religious.



## About SOAR!

Founded in 1986, SOAR! is a Catholic organization which reaches out to people across America whose lives have been touched by the faithful commitment of Catholic sisters, brothers and priests. SOAR! helps to ensure the safety and comfort of our aging religious men and women who have spent their lives in service and mission.

Learn more about what we do at [www.soar-usa.org](http://www.soar-usa.org)

## Signing up is easy....

Complete this form and mail it to the address on the back of this brochure.

1

### Monthly Gift Amount

\$ \_\_\_\_\_

2

### Choose a Payment Type

☐ Bank Account

*Transfer my Monthly Gift Amount from my bank account each month.  
(I have enclosed a voided check.)*

☐ Credit Card

*Charge my Monthly Gift Amount to my credit card each month.*

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_

### Choose one:

Please make my automatic contribution on the  
☐ 1st of the month or ☐ 15th of each month.

3

### Authorization

As noted above, I authorize my Monthly Gift Amount to be debited from my bank account or charged to my credit card each month to assist SOAR!. I will notify SOAR! should I wish to stop my automatic donations. A record of my monthly donations will be recorded on my regular bank or credit card statement and will serve as my receipt.

### Signature:

\_\_\_\_\_  
(required)

Over...