2018 Pledge Form



Daughters of Charity Services of San Antonio

Rooted in the loving ministry of Jesus as a healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable.

Our Catholic health ministry is dedicated to spirituality centered, holistic care, which sustains and improves the health of individuals and communities.

We are advocates for a compassionate and just society through our actions and words.

Donor Information (please print or type)

Name	
Billing address	
City, ST Zip Code	
Phone 1 Phone 2	
Fax Email	
Pledge Information	
(we) pledge a total of \$ to	be paid: □now □monthly □quarterly □yearly.
(we) plan to make this contribution in the form of: \Box cash \Box check \Box credit card \Box other.	
Credit card type Exp. date	
Credit card number	
Authorized signature	
Gift will be matched by (company/family/foundation)	
□form enclosed□form will be forwarded	
Acknowledgement Information	
Please use the following name(s) in all acknowledgements:	
□I (we) wish to have our gift remain anonymous.	
Signature(s)	Date
Please make checks, corporate matches, or other gifts payable to:	Daughters of Charity Services of San Antonio 7607 Somerset Rd San Antonio, Texas 78211