

FRANCISCAN SISTERS, T.O.R.

*of Penance of the Sorrowful Mother*

369 Little Church Road  
Toronto, OH 43964



FUNDS TRANSFER AUTHORIZATION

Dear Sisters,

I would like to make a monthly transfer from my bank account to the Franciscan Sisters, T.O.R. in the amount indicated below. I have included a check for the first month's contribution. I understand that I can stop my contributions at any time simply by contacting the sisters. My contributions will be recorded on my bank statement and will serve as my receipt and I will receive an end of the year letter for tax purposes.

AMOUNT  \$500  \$250  \$100  \$50  \$25  Other Amount \$ \_\_\_\_\_

SELECT the date each month you would like your transfer to occur:  5th  20th

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

————— PLEASE DETACH AND RETAIN FOR YOUR RECORDS —————

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