


Donor Pledge

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Please Choose Your Donation

In Honor of In Memory of (Print Name) _____

Other donations Amount \$ _____

Monthly recurring gift of \$ _____

Payment Method

Check enclosed (Made out to St. Clare's Home)

Credit Card Card # _____ Exp. Date _____

Sec. Code _____

Signature _____

Please indicate if this is an anonymous donation

For stock donations or gift questions please contact Valerie Baronkin, Executive Director of St. Clare's Home at vbaronkin@charlestondiocese.org or 864 275 5505

Front



St. Clare's Home
RESTORING HOPE ~ SAVING LIVES

**1754 Woodruff Rd #170
Greenville, SC 29607**

Back

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