



## Single or Monthly Gift Form

### St. Vladimir's Seminary

575 Scarsdale Road  
Yonkers, NY 10707

914-961-8313 ext. 317

I would like to donate the amount of \$\_\_\_\_\_ Check one:  Monthly  Single

### If donating by Check

Please mail your check payable to St. Vladimir's Seminary and mail it to the address above.

### If donating by Credit Card

Please provide us with the following information:

Check one:  VISA  Master Card  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Please provide the following information in full.

Circle Your Preferred Title:  Ms.  Mrs.  Mr.  Dr.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

My gift is: (Check one)  in Honor  in Memory of \_\_\_\_\_

### Check any that apply:

- Yes, I prefer to "go green" and receive email rather than standard mail
- Yes, please send me the latest SVS Annual Report!
- I do not want to receive email