

“ACCESS TO THE FUTURE”
VISITATION PARISH – STACYVILLE , IA

Accessibility Project

(Please complete this form and return in the enclosed envelope)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

My connection with VISITATION and/or STACYVILLE:

Options for your tax deductible contribution:

Donation \$ _____ Check # _____

Donation _____ Bushels of _____ (Grain)

Special Item: _____

(Enclosed brochure suggests possible items)

Pledge Amount: \$ _____ per year for _____ years

\$ _____ per month for _____ months

Contribution Registry Information:

___ Please do not list my contribution or:

___ Yes, list my contribution same as name above or:

I/we/my family would like to make the donation in memory of:

I/we/my family would like to make the donation in honor of:

Return this form to:
Visitation Church
P. O. Box 144
Stacyville, IA 50476

Make checks payable to:
Visitation Church