



Gift Donation Form

In consideration of my/our interest in and of the support of the mission of Holy Cross Services, I/we make a gift commitment to Holy Cross Service for the purpose(s) described below:

- Unrestricted**
 Restricted for the following priorities _____

\$ _____ **Total gift Amount**

I wish to pay by:

Credit Card: VISA MasterCard Discover AMEX Check (please make checks payable to Holy Cross Services)

Name _____

Address _____

City _____ State _____ Zip _____

Account number: _____ Exp. Date _____ Code _____

Signature _____ Phone _____

In Memory/In Honor of Gifts

If you would like to make your gift in honor or memory of someone, please share their information with us:

Name _____

In Memory In Honor

Please notify the person/family below of my gift:

Name _____

Address _____

City _____ State _____ Zip _____

For information on making a gift commitment over time, for leaving Holy Cross in your estate, or for questions, please contact:

Kassie Kretzschmar KKretzschmar@hccsnet.org at Holy Cross Services for any questions

Please Mail Completed Form to:

Holy Cross Services, Mission Advancement, 1030 North River Road, Saginaw, Michigan 48609