



Holy Union Sisters
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Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

I wish to help the Holy Union Sisters carry on their mission. I am enclosing:

___ \$35 ___ \$65 ___ \$100 ___ \$250 ___ \$500 ___ Cash ___ Check

VISA Master card Discover Card American Express

Credit Card Number _____ Expiration date _____

Signature _____

Please use my tax-deductible gift for where needed most to support the Holy Union mission

Special instructions (intentions, remembrances)

We are grateful for your support, which allows us to advance our mission and care for our retired and infirm Sister.