

# St. Anne's Shrine Preservation Society Donation Form

## Your Information

Name:		
Address:		Apt./Unit:
City:	State:	ZIP:
E-mail:		Phone:

Please add me to your email list: \_\_\_\_\_  
Please DO NOT add me to your email list: \_\_\_\_\_

## Contribution Statement

I/we wish to contribute \$ \_\_\_\_\_ as a \_\_\_\_\_ one-time \_\_\_\_\_ monthly \_\_\_\_\_ yearly contribution to the preservation of St. Anne's Shrine. I/we understand that all funds collected are earmarked to the restoration and preservation of St. Anne's Shrine in Fall River, Massachusetts, and will not be used for any other purpose.

## Privacy Information

All information requested is considered the private information which you voluntarily disclose and will not be sold, bartered, provided to other organizations for any purpose without your express and specific permission. By providing this information, you are allowing the St. Anne's Shrine Preservation Society to maintain its records and properly recognize and provide information to you. You may request that we not contact you further nor keep a permanent record of this donation at any time for any reason.

Please mail completed form with your donation to:

St. Anne's Shrine Preservation Society  
818 Middle Street  
Fall River, MA 02721-1777