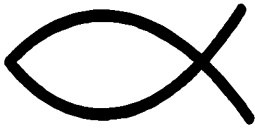


Donation Request Form



St. Fidelis Men's Club
123 Buttercup Road ♦ Butler, PA 16001

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Requested Information

I (we) request a total of \$_____ to be donated:

____ one time donation ____ monthly ____ quarterly ____ yearly.

Donation Request Description

Signature(s)
Date

Please make checks payable to:

Organization Name: _____

Street Address: _____

City, State, Zip: _____

PLEASE ALLOW 60 DAYS FOR THE ST. FIDELIS MEN'S CLUB TO REVIEW YOUR REQUEST