



**Sponsored Ministries**

Sylvania Franciscan Ministries  
Bethany House  
Convent Park Apartments  
Our Lady of Grace Hall  
Rosary Care Center  
Sophia Center  
Lourdes University  
and Franciscan Center

**Our Sisters Serve in**

Administration  
All Good Things  
Alverno Studio  
Canticle Studio  
Chaplain Ministry  
Christian/Faith Formation  
Communication/Development  
Congregational Ministry  
Creative Arts Ministry  
Diocesan Ministry  
Education Ministry  
Franciscan Spirituality  
Experiences  
Regina Spirituality  
and Conference Center  
Hermitages  
House of Prayer  
Haiti Ministry  
Healthcare Ministry  
Human Services Ministry  
Justice, Peace and Integrity  
of Creation Ministry  
Law Ministry  
Liturgical Ministry  
Media Ministry  
Mission Effectiveness  
Parish Ministry  
Pastoral Care  
Prayer Ministry  
Religious Education  
Rosary Care Gift Shop  
Volunteer Ministry

**In Relationship with Us**

Associates/Volunteers

**Sisters of St. Francis  
of Sylvania, Ohio**

*A participating congregation of  
Catholic Health Initiatives  
Founding member of  
Sylvania Franciscan Village  
6832 Convent Boulevard  
Sylvania, Ohio 43560  
Phone: 419-882-2016  
Fax: 419-885-8643  
Web: www.sistersosf.org*

# Donation Form

Please print out and complete this form and mail to:

Eileen Kerner  
Congregational Advancement  
6832 Convent Blvd.  
Sylvania, OH 43560  
419.824.3625  
ekerner@sistersosf.org

Prefix:  Mr.  Mrs.  Ms.  Mr. & Mrs.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please make checks payable to **Sisters of St. Francis of Sylvania**

Enclosed is my tax-deductible contribution of:

\$25  \$50  \$100  \$250  \$500  Other: \_\_\_\_\_

Please Charge to my Credit Card:

Visa  MasterCard  Discover  American Express

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ of \_\_\_\_\_ 3-digit security code from back of card \_\_\_\_\_

Billing Information:  Same as Address Above

Billing Name \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Use my gift/fee as follows:

Operating  Sisters Retirement  Facility  Grounds/Shrines  
 Haiti Mission  Hermitage (Rentals)  Regina Spirituality Center (Rentals)

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

Please include the following intention in prayer: \_\_\_\_\_