

Please fill out the form below and return with your gift of \$20 or more, and your name will be displayed at our annual SOCK event.

Dear Br. Jerry,

I wish to make a gift to the SOCK Signature Program. Please accept my gift of \$_____ to help further the ministries of the Capuchin Soup Kitchen and the Capuchin Province of St. Joseph.

- Your Name (please print) _____
- Your Parish (if applicable): _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- Enclosed is a check made payable to the Capuchin Soup Kitchen.
- Please charge my: (circle one) Visa MasterCard Discover American Express



Credit card number _____ Exp. Date _____

Name as it appears on the card _____

Your signature _____ Date _____

***Thank You for
Being a Friend!***

Please contact Development Office
at 313-579-2100 Ext. 153
with any questions you may have.

Your credit card statement will read: Province of St. Joseph of the Capuchin Order.