

MATCHING CHALLENGE

St. Vincent de Paul Vincentian Endowment

Name: _____ *CONF. NAME*

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Credit Card # : _____ Exp Date: _____

Cardholder's Signature: _____

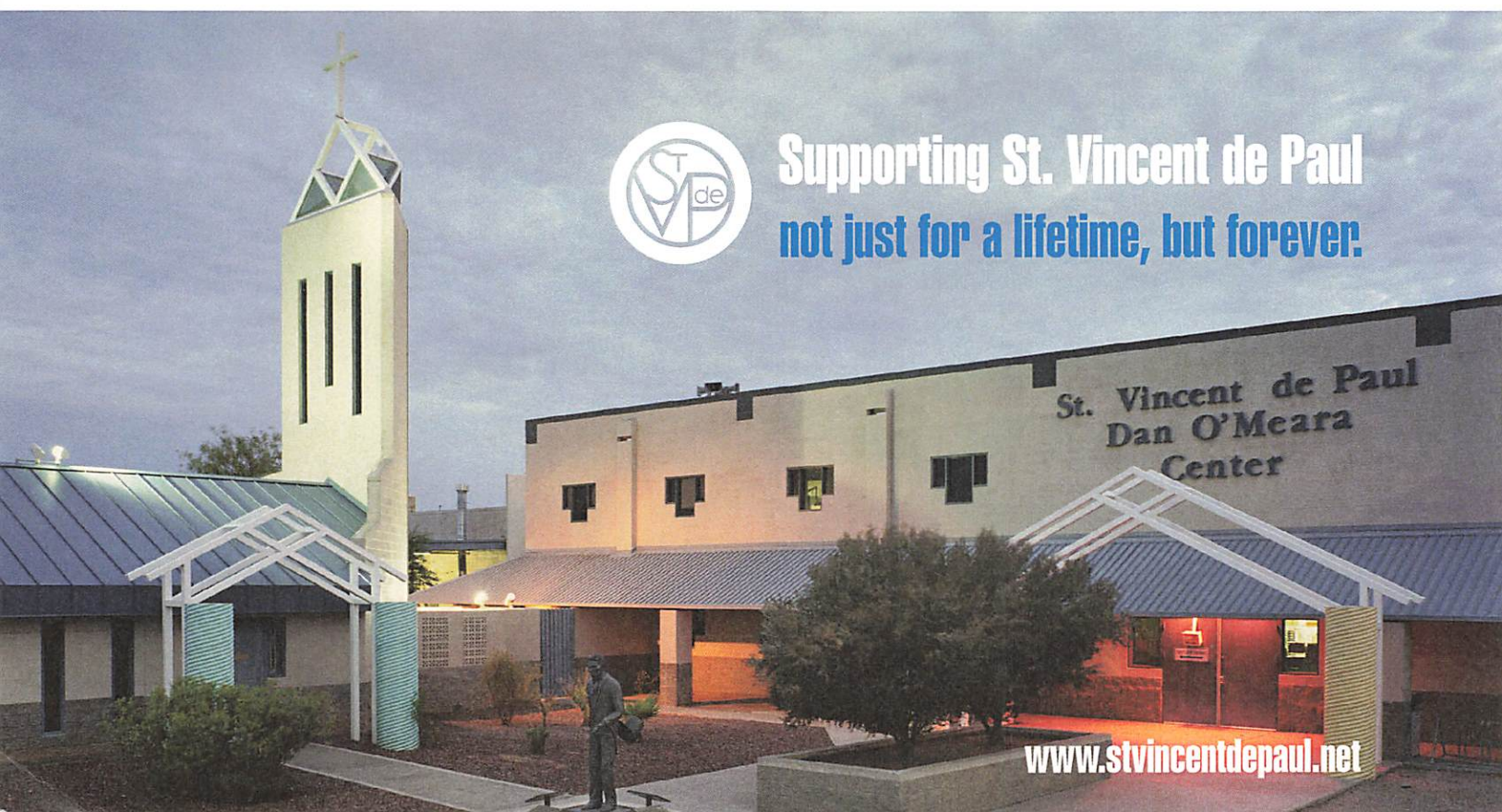
- Visa
- Mastercard
- Amex
- Discover

100% of all proceeds from the endowment will be used to fund the works of the parish conferences and the twinning committee. If you have any questions, please contact Steve Zabalski at (602) 261-6801 or at szabalski@svdpaz.org.

*OR
ONCE
A
YEAR
YEAR*

- Founding Member: \$10/month**
- Friendship Society: \$25/month**
- Vincent de Paul Society: \$50/month**
- Ozanam Society: \$100/month**
- Other: \$ _____**

Please return to:
~~Steve Zabalski~~ *Shannon Clancy*
Society of St. Vincent de Paul
P.O. Box 13600
Phoenix, AZ 85002

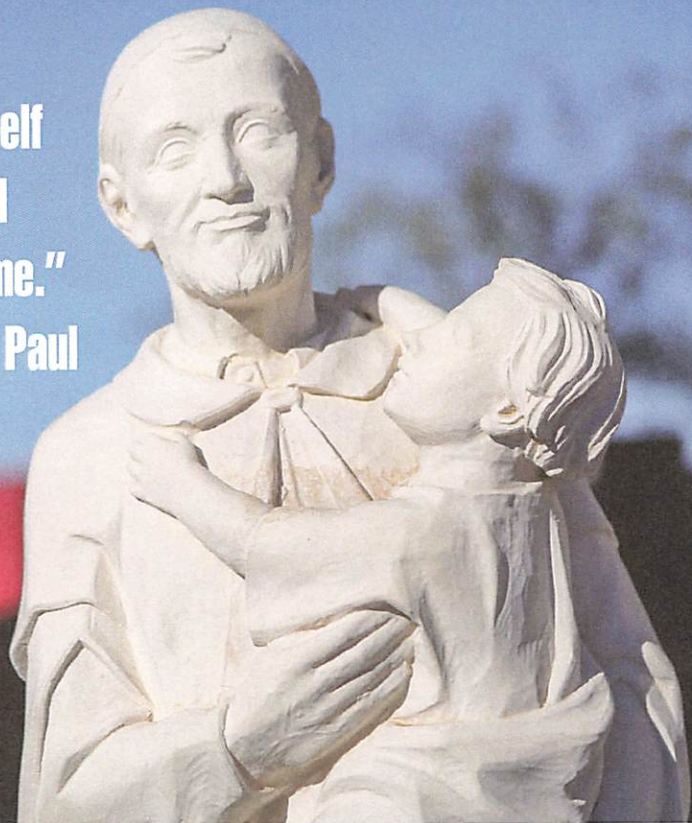


**Supporting St. Vincent de Paul
not just for a lifetime, but forever.**

www.stvincentdepaul.net

**"Do the good that presents itself
to be done. Do it prudently and
over an extended period of time."**

- Saint Vincent de Paul



**THE SOCIETY OF
ST. VINCENT DE PAUL**

FEED. CLOTHE. HOUSE. HEAL.