



☒ Memorial or Tribute Donation

In Memory of _____

In Honor of _____

Donated by _____

ADDRESS _____

CITY/STATE/ZIP _____

Send Acknowledgement to:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Payment

Please make check payable to ***Seminary of the Immaculate Conception*** and send to:
Seminary Development Office, 440 West Neck Road, Huntington, NY 11743

Credit Card

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE () _____ E-MAIL _____

CREDIT CARD OPTION: AMEX M/C VISA DISCOVER

CARD NO. _____ EXP. _____ CVV# _____

All gifts are deductible for Federal Income Tax purposes as permitted by law.

[06/17/2020]