



Our Children of Promise - Haiti

St. Rose of Lima School
Gris-Gris, Haiti



Yes! I would like to support the Sister Parish relationship of Risen Savior and Saint Rose of Lima in Gris-Gris, Haiti.

I will do this with my donation to the *Our Children of Promise - Haiti* campaign to sustain St. Rose of Lima School: *as a Patron* to assure a place for at least one student for a full academic year, *as a Builder* to help build additional classrooms or both.

Contact Information – please complete

This information will be used to process your donation. It will not be shared with other non-profit organizations.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

NOTE: By providing your email address, you consent to our contacting you via email.

Why do we ask for your email address? We will use it to provide you with a receipt for your donation and updates about the school. It is also the lowest cost means of contacting you and it keeps administrative costs to a minimum. All members of our Sister Parish staff are volunteers so that 97% of your donation (after about 3% in check/credit card processing fees) is put to meaningful work in support of operating and maintaining the St. Rose of Lima School, providing each student with a quality education and one nutritious meal each school day, and to build additional classrooms.

My Donation

School Patron: I will assure a place for _____ student(s) at \$100 each for a full academic year.

My total Patron donation is ($\$100 \times \text{number of children sponsored} =$) \$ _____

School Builder: I will help build additional classrooms with this amount: \$ _____

My total donation: \$ _____

Payment Information – please complete

(Please DO NOT send cash Your donation is tax deductible as allowed by law)

My check (# _____) is enclosed, made payable to: **Church of the Risen Savior.**

(Please note *Our Children of Promise - Haiti* on the memo line of your check)

I'm paying by Credit Card: Visa MasterCard Discover American Express

Name on Card _____ (Please print exactly as it appears on card.)

Card Number _____ Exp. Date: _____

Cardholder Signature _____

Mail this completed form with your check or credit card information to:

Risen Savior – SP/OCOP-H, 1501 County Rd 42 East, Burnsville, MN 55306

Thank You