|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Thank you for supporting St Peter Mission Circle  St Peter Catholic Church 359 West New York Avenue, Deland FL 32720 | | | | | |
|  | Donated by: | |  | | | |  |
| Address: | |  | | | |
| City, State, Zip | |  | | | |
| Phone/E-mail address: | |  | | | |
| **Donated in** **Memory** or **Honor** of: *(please circle one below per gift*) | | **NAME** | | **GIFT (Filter, Micro Loan, Most Needed)** | |
| **GIFT #1** Memory or Honor | |  | |  | |
| **GIFT #2** Memory or Honor | |  | |  | |
| **GIFT #3** Memory or Honor | |  | |  | |
| **DONATION OPTIONS** | | **QUANTITY** | **SUB TOTAL** | | |
| **Micro loan for Women** @ $300.00 each | |  | $ | | $ |
| **Water Filter** @ $60.00 each | |  | $ | | $ |
| Sponsor an orphan in Haiti @$150/yr. Or $15/mon | |  |  | |  |
| Supplies for Cuba | |  |  | |  |
| **  ***WHERE MOST NEEDED*** ** | |  | $ | | $ |
| **Total Donation Amount:** | |  |  | | $ |
| Payment Type (cash or check) | |  | | | |
| **Please make check payable to:**  **St Peter Catholic Church and write type of donation on memo** | | Check # |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Total Donation Amount:** | |  |  | | $ |