|  |  |  |
| --- | --- | --- |
|  |  |  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 # |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  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:**  |  |  | $ |