

Yes I want to help:

Full sponsorship \$45.00 monthly

Partial sponsorship \$20.00 monthly

Refugee and orphan assistance \$_____ monthly

I cannot join the monthly program but wish to help
with the enclosed gift of \$_____

Name_____

Address_____

City_____ State_____ Zip_____

Email Address (optional)_____

Checks payable to Sacred Heart Seminary can be mailed to:

Sacred Heart Seminary
c/o Dan Vaughan
3440 Bayside Road
Orono, Minnesota 55356-9218

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