

Charter Membership Enrollment - Father Joseph Walijewski Legacy Guild

Yes! Sign me up to support Father Joe's legacy. I have enclosed my best contribution!

Name: _____

Address: _____

City, State, Zip: _____

Phone & Email: _____



Please select a payment option below:

- Check enclosed Credit Card
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If you check the credit card or monthly automatic option, be sure to add your signature. →

Select an amount:

- \$10 \$25 \$50 \$100
 \$250 \$500 \$1,000 Other: _____

For MasterCard, Visa, or Discover Dredit/Debit Card:

Card Number: _____

Expires on: _____ Security Code (from back of card): _____

Signature: _____ Date: _____

Please return using the envelope provided or mail your tax-deductible contribution to: Father Joe's Guild | Diocese of LaCrosse | P.O. Box 4004 | LaCrosse, WI 54602-4004