

Dear Sister Maria,

Yes, I want to help the Sisters of St. Scholastica Monastery with a gift of \$_____.

OPTIONAL PAYMENT METHODS

Enclosed is a check for \$_____, payable to St. Scholastica Monastery.

Please charge \$_____ to my VISA Mastercard.

Card # _____

Expires ___/___ Signature _____ 3 Digit Code _____

Electronic Fund Transfer: Call the Business Office - (479) 783-4147.

Online Payment: Visit our website at <http://www.stscho.org>

Name _____ I/we wish to remain anonymous.

Address _____ City, State, Zip _____

Telephone _____ E-mail Address _____

I have designated St. Scholastica Monastery in my will.

**The Sisters
greatly appreciate your
care and support.**

St. Scholastica Monastery
P.O. Box 3489
Fort Smith, AR 72913-3489
Telephone 479-783-4147
monastery@stscho.org
<http://www.stscho.org>