



Society of St. Vincent de Paul  
4451 Mercantile Avenue  
Naples, FL 34104

**PLEASE MAKE YOUR GIFT TO ST. VINCENT de PAUL, NAPLES DISTRICT COUNCIL:**

I would like to make a difference in the lives of my Collier County neighbors by supporting the mission and programs of St. Vincent de Paul: **Meals on Wheel / Financial Assistance to Struggling Families / Choice Food Pantry / SVdP Thrift Stores.**

*[All donations are tax deductible to the fullest extent of the law.]*

<b>Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover Credit Card #: _____ Exp. Date: ____/____ CV# _____ Name on card: _____ Signature: _____
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<b>Check:</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$750 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 Other \$ _____ Please make check payable to: <b>St. Vincent de Paul, Naples District Council, Inc.</b>
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**Online Giving:** Make your gift online at [www.svdpnnaples.org/donate](http://www.svdpnnaples.org/donate)

**Your Information**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Matching Gift:** This gift will be matched by (Company): \_\_\_\_\_

**Gift in Memory of** \_\_\_\_\_ **/ In Honor of** \_\_\_\_\_

**Send Gift Acknowledgement to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Send Me More Information:**  Planned Giving  SVdP Future Plans  Volunteering

**Questions or More Information:** Bill Allen, Director of Development,  
[ballen@svdpnnaples.org](mailto:ballen@svdpnnaples.org), 239.775.2907 x1020