THE
ST. VINCENT FUND

Name: _____

Address: _____

City: _____State: _____ Zip: _____

I/We would like to contribute $_____to the **St. Vincent Fund.**

DONATE ONLINE

Scan the QR code to donate online through our Online Giving Program. Select "2026 St. Vincent Fund" from the drop-down menu

Payment(s) of $_____ will be made ❑ One-time ❑ Semi-Annually ❑ Quarterly ❑ Monthly

Please designate my gift to: ❑ Capital Improvements ❑ Maintenance & Upkeep ❑ Endowment Fund ❑ Most Needed

Payments will be made by ❑ Cash/Check ❑ ACH ❑ Online Giving Program ❑ Investment Securities

Signature _____Date _____

Please make checks payable to St. Vincent de Paul Parish. If you have any questions regarding your gift or pledge, please contact the Parish Office at 402.496.7988 or parishoffice@svdpomaha.org.