



Mail-In Donation Form

Mail this completed form, along with your check or money order (if applicable) to Priestly Fraternity of St. Peter, Mission Tradition at the address below.

Thank you for your gift!

Donation Amount* \$ _____

First Name* _____

Last Name* _____

Address* _____ **Apt.** _____

City* _____ **State*** _____ **Zip Code*** _____

Phone Number _____

E-mail _____

Yes, I would like to receive email from FSSP Mission Tradition.

* Required Field

Payment Information

My check or money order is enclosed.

Please charge my credit card:

Amount: \$ _____

Name on the card*: _____

Card#* _____ **Exp. Date*:** _____ / _____

Phone Number* _____

* Required Field

Signature: _____

Please mail your gift to:

Priestly Fraternity of St. Peter
Mission Tradition
450 Venard Road
South Abington Twp. PA 18411