

# Fall Luncheon

## Ministry Meal 2020



Please consider a gift to help the Sisters of Charity of New York and the women, men and children they serve. With each gift, your name will be added to our "door prize" raffle. Three lucky winners will be notified by mail! Kindly respond by October 7, 2020.

### Menu Opportunities

		Quantity	Total
Provide Personal Protective Equipment (PPE) for the ministries	<b>\$1,000</b>	_____	\$ _____
Provide a hot meal for 85 people	<b>\$500</b>	_____	\$ _____
Provide new clothes for homeless children	<b>\$250</b>	_____	\$ _____
Provide backpacks and school supplies for 10 needy children	<b>\$100</b>	_____	\$ _____
Provide a supermarket gift card for a family of 4	<b>\$50</b>	_____	\$ _____
Provide a roundtrip Metro Card for 4 people	<b>\$25</b>	_____	\$ _____
Connect the retired sisters with technology	<b>\$1,500</b>	_____	\$ _____
Connect the retired sisters with smart speakers or tablets	<b>\$125</b>	_____	\$ _____
50/50 Raffle Ticket - 5 Tickets	<b>\$100</b>	_____	\$ _____
50/50 Raffle Ticket - 1 Ticket	<b>\$25</b>	_____	\$ _____
My gift for the greatest need			\$ _____
<b>Total Enclosed:</b>			<b>\$ _____</b>

Enclosed is my check for the total amount of \$ \_\_\_\_\_

Please make check payable to: **Sisters of Charity of New York** or

Please charge my  Visa  MasterCard  American Express in the amount of \$ \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

[Or visit our website at www.scny.org](http://www.scny.org)

Mr/Mrs/Ms/SR. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_