



## Thank you for your gift to Catholic Charities.

### Contribution Form

Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Gift Amount:

\$500  \$250  \$100  \$50  \$25 \$ \_\_\_\_\_ Other-Any amount is appreciated.

#### Credit Card:

Please charge my gift of \$ \_\_\_\_\_ to:  
 American Express  Visa  Mastercard  Discover

Card# Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
Three-Digit Security Code (on back of card) \_\_\_\_\_

Cardholder Name (Please Print): \_\_\_\_\_

#### If your gift is by credit card, your signature is required below:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Matching Gifts:** Please inquire if your employer will match charitable gifts to social services agencies such as Catholic Charities. If so, please include the appropriate forms with your payment.

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Please designate my gift as follows:

**Please use my gift where it is needed most!**

Children and Family Services  Disabilities Ministry  Senior Care Services

Mental Health Services  TurnAround Program  Emergency Assistance  
(food, rent, utilities)

Homeless Programs

My gift is a **Tribute** to (Name of Honoree) \_\_\_\_\_

Address of Honoree: \_\_\_\_\_

My gift is a **Memorial** to (Name of Deceased) \_\_\_\_\_

Catholic Charities will notify the deceased's family members of your gift (no amount will be published).  
If you desire that the family is notified of your gift, please list name and address below:

Name of Family Member \_\_\_\_\_

Address \_\_\_\_\_