



Mail-in Donation Form

Name

Street Address

City State Zip

Phone E-mail

Enclosed is my tax-deductible gift of:

- \$1,000 \$500 \$100 \$50 \$25 \$_____
- Check Payment Electronic Funds Transfer (EFT)
- Credit Card: Mastercard Visa Discover American Express

Card #

Signature (required for credit card gift)

Exp. Date Day Phone

Become a monthly donor. Electronic Funds Transfer (EFT) donations are conveniently deducted monthly from either your checking account or savings account. You may end your monthly giving at any time with a phone call to our Development Department.

Please accept my monthly gift of \$_____ to be billed directly to my:

- Checking account (Please include a voided check)
- Savings account (Please include a savings account slip)
- Credit card (Please complete information above)

Please begin my monthly donation on the 5th or 20th day of ____/____ (month/year)

Signature (required)

Date Day Phone

You may designate your contribution to one of the following:

- Where the need is greatest Children's Services Housing & Emergency Services
- Family Services Advocacy _____

For more information, please check the following:

- Monthly Giving Program Site Visits Volunteer Opportunities
- Estate Planning I have already included Catholic Charities in my estate plans.

Match your gift:

Catholic Charities qualifies for most companies' matching gift programs. Contact your Human Resources Department or go to cctwincities.org/matchinggift to see if your company participates.

Please mail this form, along with your gift, to:

Catholic Charities
SDS 12-2961
PO Box 86
Minneapolis, MN 55486-2961

Thank you for your generous donation to serve those most in need.