



Donation Form

Name: _____

Email: _____

Address: _____

Method of Payment:

Cash Donation: Enclosed is my tax-deductible one-time gift of \$_____.
Please make check payable to *Catholic Charities*.

Credit Card Donation:

Please charge my one-time gift of \$_____.

Please charge my recurring monthly gift of \$_____ on the:

1st or 15th of every month beginning in _____ (Month, year)

Please charge the above gift to my:

Visa MasterCard Discover

Name: _____ Signature: _____

Card #: _____ Expiration Date: _____

Electronic Funds Transfer: Please accept my ongoing gift of \$_____ from my:

Checking Account (*please attach a voided check*)

Savings Account (*please attach savings deposit slip*)

I understand that you will deduct this amount from my account every:

month quarter six months year

I would like this amount debited on the:

1st or 15th of the month starting on _____ (Month, year)

Signature: _____

Please mail this form to:
Catholic Charities
911 18 Street North
PO Box 2390
St. Cloud, MN 56302-2390
Questions?
Please call 320.650.1640.

What more can I do? Become a member of the **Circle of Hope Society!**
This leadership society is comprised of individuals and businesses who have made a commitment to Catholic Charities with leadership gifts of \$1,000 or more each year for a period of five years.
Contact Penny Casavant at 320.650.1642 for more information.

