



CATHOLIC CHARITIES
of St. Paul and Minneapolis

612-204-8369
cctwincities.org

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.