



PO Box 4900
Santa Rosa CA 95402
(707) 528-8712

Catholic Charities Donation Form

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

One-Time Gift

I'd like to make a gift of \$ _____

Pledge Total amount of \$ _____

- I'd like to pledge \$ _____ a month
 Please continue my pledge until I ask you to stop.
 My pledge is for _____ months, starting the month of _____

Tribute:

- My gift is in memory of _____
 My gift is a tribute to _____

Please send an acknowledgement to

Name _____

Address _____

City/State/Zip _____

Please sign my card from _____

Please apply my donation to:

Programs most in need in my area Program: _____

Payment Method:

Check made payable to Catholic Charities

EFT - Routing # _____ Acct# _____

CC - Card No.: _____ Exp. _____

Name on card _____

Address if different from above _____