



Gift Information Form

Name _____

Street Address _____

City _____

State _____ Zip _____

Phone (____) _____

Email _____

I would like to receive news about Catholic Charities North Dakota by email

Enclosed is my tax-deductible gift of:

\$1,000 \$500 \$100 \$50 \$35 \$_____

Check Payment

Credit Card Visa MasterCard

Card # _____

Signature _____

Exp Date _____ Day Phone _____

You may designate your contribution to one of the following:

Where the need is greatest

Guardianship

Pregnancy Services

Counseling

Adoption Services

Adults Adopting Special Kids (AASK)

I would like more information on the following:

Volunteer Opportunites

Specific Program _____

Wills and Bequests

Other _____

Matching Gifts

My company has a matching gift program. Company _____

Please mail this form, along with your gift to:

Catholic Charities North Dakota, 5201 Bishop's Blvd., Suite B, Fargo, ND 58104

www.catholiccharitiesnd.org

(701)235-4457