



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 _____ CVV Code _____ Day Phone _____

You may designate your contribution to one of the following:

- | | |
|--|---|
| <input type="checkbox"/> Where the need is greatest | <input type="checkbox"/> Guardianship Division: Intellectual Disabilities |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Pregnancy, Parenting, and Adoption Services (PPAS) |
| <input type="checkbox"/> Guardianship Services: Vulnerable | <input type="checkbox"/> Adults Adopting Special Kids (AASK) |

I would like more information on the following:

- | | |
|---|---|
| <input type="checkbox"/> Volunteer Opportunites | <input type="checkbox"/> Specific Program _____ |
| <input type="checkbox"/> Wills and Bequests | <input type="checkbox"/> 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