



MONTHLY GIFT FORM

Your gift is making a difference for people in need across North Dakota. Thank you for your support!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I will join in Catholic Charities North Dakota's mission with a sustained monthly gift of:

\$250: ___ \$100: ___ \$50: ___ \$25: ___ Other: \$ _____

Credit Card: Visa or MasterCard

Card Number: _____

Expiration Date: _____ CVV: _____

OR

ACH (Checking/Savings **please circle one**) Gift:

Account Number: _____

Routing Number: _____

*Please enclose a voided check or deposit slip.

I authorize Catholic Charities North Dakota to process this gift beginning on the 1st / 15th (circle one) of _____ (Month) and continuing every following month until I change or terminate it in writing.

Signature: _____ Date: _____

If desired, you may designate your contribution to one of the following: **Please Circle**

- Where the Need is Greatest
- Adults Adopting Special Kids (AASK)
- Counseling Services
- Guardianship Division: Intellectual Disabilities
- Guardianship Services: Vulnerable
- Charity Care
- Pregnancy, Parenting, and Adoption Services

Memorial/In Honor (please circle one) _____

Please mail this form, along with your gift, to:

Catholic Charities North Dakota
5201 Bishops Blvd S Ste B,
Fargo, ND 58104-7605

www.catholiccharitiesnd.org
(701) 235-4457
info@catholiccharitiesnd.org

If you need to change or terminate this transaction, please contact us by letter or email.

Does your company have a matching gift program? Inquire with your payroll department to see if a payroll gift could be doubled by your employer!