



## Mail-in Tribute Gift Form

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

I would like my gift to be made  in honor of:  in memory of:

\_\_\_\_\_  
Name

We would be happy to send a card to the honoree or a relative, notifying him/her of your gift. Please list the contact name and address below. The honoree's name won't be added to our mailing list unless he/she requests otherwise.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Enclosed is my tax-deductible gift of:**

- \$1,000   
 \$500   
 \$100   
 \$50   
 \$25   
 \$\_\_\_\_\_
- Check Payment
- Credit Card:   
 Mastercard   
 Visa   
 Discover   
 American Express

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Signature (required for credit card gift)

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Day Phone

**I want to designate my contribution to:**

- Where the need is greatest   
 Children's Services   
 Housing & Emergency Services
- Family Services   
 Advocacy

**Please mail this form and your gift to:**

Catholic Charities  
SDS 12-2961  
PO Box 86  
Minneapolis, MN 55486-2961

*Thank you for your generous donation to serve people most in need.*