

**Donation Form**

**Yes! I want to help Catholic Charities support families, reduce poverty, and build stronger communities in Central Texas. Enclosed is my donation.**

**Method of Payment**

- Check                       Cash                       Credit Card

Amount of Donation Enclosed \$ \_\_\_\_\_ (Please Print)

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Please bill my credit (circle one).      VISA   MasterCard   Amex   Discover      Amount \$ \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Billing Zip \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSV # \_\_\_\_\_

Catholic Charities Tribute Fund      I would like to donate:      \_\_\_\_\_ In memory or \_\_\_\_\_ In honor of

Please send notification of my gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Designate Your Donation:**

- Undesignated—Use as needed
- Application Assistance with State Benefits
- Case Management
- Disaster Response & Recovery
- Food Pantry
- Good Samaritan Emergency Financial Assistance
- Immigration Legal Services
- Other \_\_\_\_\_

**Amount**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Total:** \$  

**Do we have your permission to list your name in our annual report?**

- Yes, please acknowledge this as a gift from: *(Please list their names.)*

- No, I wish to remain anonymous.

X

**Signature**

**Thank You!**

You are a vital part of our ministry. Your financial donation to Catholic Charities helps us provide and expand our services. Thank you for your support!

Please complete this form and mail it along with your donation to:

**Catholic Charities of Central Texas**  
**1817 East. 6th. Street, Austin, Texas 78702**