MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can process and acknowledge your gift.

Please mail this completed form to:
Catholic Charities of the Archdiocese of New York
Attn: Development Office
1011 First Avenue, 11th Floor
New York, NY 10022

DONOR INFORMATION
Full Name: _____________________________________________________________________________________________________________
Organization Name (Fill this out only if you are making your donation on behalf of an organization.):
________________________________________________________________________________________________________________________

ADDRESS INFORMATION
Address (If you are making this donation on behalf of an organization, please provide the organization’s address.):
________________________________________________________________________________________________________________________
City: ____________________________  State: ________________  Zip Code/Postal Code: __________  Country:   _____________________
Email:  _________________________________________  Phone Number:   _______________________________________________________

By providing your contact information, you will receive Catholic Charities alerts. You may unsubscribe at any time by contacting us at ccinfo@CatholicCharitiesNY.org or by phone at 646-784-2411.

PAYMENT OPTIONS
One Time Gift Amount: _________________________________
☐ I’m enclosing my check made payable to Catholic Charities of the Archdiocese of New York.
☐ Please charge my credit/debit card:
  ☐ MasterCard  ☐ Visa  ☐ American Express  ☐ Discover
Cardholder’s Name:  ____________________________________
Signature:  _____________________________________________
Card Number: __________________________________________
Expiration Date: ______________  Security Code:  ___________

BECOME A MONTHLY DONOR
Your monthly gift can make a life-changing difference!
☐ YES! Please bill my credit/debit card in the amount of $ _________ per month.
☐ YES! I’d like to make a monthly gift in the amount of $ _________ per month using my banking account. I’ve attached a voided check from the account to use.

You may change/cancel this amount at any time by contacting us at ccdonations@CatholicCharitiesNY.org or by phone at 646-784-2411.

TRIBUTE GIFTS
I wish to make a gift ☐ in memory of ☐ in honor of:
Name:  _______________________________________________
Messsage: _____________________________________________
_______________________________________________________

Please send acknowledgment to:
Name:  _______________________________________________
Address: ______________________________________________
City: _____________________  State: _______________________
Zip Code/Postal Code: _________  Country:  _______________

PLANNED GIVING
Through a planned gift, you can leave a legacy of hope.
☐ Please send me more information about how I can remember Catholic Charities in my will or trust.
☐ I have already included Catholic Charities in my estate plans.

CORPORATE MATCHING GIFTS
Some employers will double your gifts to a charity. Learn more: CatholicCharitiesNY.org/matching-gifts
☐ I have enclosed a matching gift form from my employer.