

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 488 Madison Avenue, Third 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 N	umber:	

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:	Your monthly gift can make a life-changing difference!	
 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:	 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 Name:	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.	
Please send tribute notification to: Name: Address: City: State: Zip Code/Postal Code: Country:	CORPORATE MATCHING GIFTS Some employers will double your gifts to a charity. Learn more: CatholicCharitiesNY.org/matching-gifts	

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