

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 onl	ly if you are making your	r donation on behalf of an organization.):
ADDRESS INFORMATION	nation on bohalf of an or	rganization, please provide the organization's address.):
Address (if you are making this don	addition behalf of all of	ganization, please provide the organization's address. J.
City:	State:	Zip Code/Postal Code: Country:
Email:	Phone	e Number:
By providing your contact information at ccinfo@CatholicCharitiesNY.org		holic Charities alerts. You may unsubscribe at any time by contacting us -2411.
PAYMENT OPTIONS		
One Time Gift Amount:		BECOME A MONTHLY DONOR Your monthly gift can make a life-changing difference!
☐ I'm enclosing my check made Catholic Charities of the Arch	heck made payable to of the Archdiocese of New York.	YES! Please bill my credit/debit card in the amount of \$ per month.
☐ Please charge my credit/debit card:☐ MasterCard ☐ Visa ☐ American Express ☐ Discover		YES! I'd like to make a monthly gift in the amount of
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Signature:		You may change/cancel this amount at any time by contacting us at
Card Number:		ccdonations@CatholicCharitiesNY.org or by phone at 646-784-2411.
Expiration Date: Se	ecurity Code:	
TRIBUTE GIFTS		PLANNED GIVING Through a planned gift, you can leave a legacy of hope.
I wish to make a gift in memor	y of In honor of:	☐ Please send me more information about how I can
Name:		remember Catholic Charities in my will or trust.
Messsage:		☐ I have already included Catholic Charities in my estate plans.
Please send acknowledgment to:		CORPORATE MATCHING CIFTS
Name:		CORPORATE MATCHING GIFTS Some employers will double your gifts to a charity. Learn
Address:		
City: State:		Thave enclosed a matching gift form from my employer.

 $Catholic \ Charities \ of \ the \ Archdiocese \ of \ New \ York \ is \ an \ IRS \ Section \ 501 \ (c) \ (3) \ organization. \ Our \ Federal \ Tax \ ID \ (EIN) \ is \ 13-5562184.$

Zip Code/Postal Code: _____ Country: ____