

# CATHOLIC CHARITIES

BLOOMINGTON

## CONTRIBUTION FORM

Please mail this form with your contribution to Catholic Charities Bloomington.  
**Attn: Marsha McCarty, 631 N. College Ave., Bloomington, IN 47404**

NAME(S)

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL ADDRESS

PARISH

CITY

I/We wish to contribute \$\_\_\_\_\_ to Catholic Charities Bloomington. As an agency of the Archdiocese of Indianapolis, gifts are tax deductible to the amount allowed by law.

(Optional) I/We wish to designate the gift to \_\_\_\_\_.

\_\_\_\_\_ Check enclosed made payable to *Catholic Charities Bloomington*

\_\_\_\_\_ Electronic Fund Transfer from checking or savings account

I/we would like to make a monthly contribution of \$\_\_\_\_\_ to Catholic Charities Bloomington beginning (mm/yy): \_\_\_/\_\_\_ and ending \_\_\_/\_\_\_. Monthly withdrawals will be made on the fifteenth of every month. **Please provide a voided check or deposit slip with this form for account information.**

**Authorizing Signature**

\_\_\_\_\_ My company is providing a matching gift. (Please include all necessary paperwork as provided by your employer.)



ARCHDIOCESE OF INDIANAPOLIS

The Church in Central and Southern Indiana