**

*CONTRIBUTION FORM*

Please mail this form with your contribution to Catholic Charities Indianapolis.

 **Attn: Valerie Sperka, 1400 N Meridian St, Indianapolis, IN 46202**

 NAME(S)

 ADDRESS CITY STATE ZIP PHONE

 E-MAIL ADDRESS

 PARISH CITY

I/We wish to contribute $ to Catholic Charities Indianapolis. 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 Indianapolis*

 Electronic Fund Transfer from checking or savings account

I/we would like to make a monthly contribution of$ to Catholic Charities Indianapolis beginning (mm/yy): beginning \_\_/\_\_/ 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

 