

CATHOLIC CHARITIES



CONTRIBUTION FORM

Please mail this form with your contribution to Catholic Charities Tell City.

Attn: Sr. Shellie Intravia, 802 Ninth St., Tell City, IN 47586

NAME(S)

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL ADDRESS

PARISH

CITY

I/We wish to contribute \$_____ to Catholic Charities Tell City. 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 Tell City*

_____ Electronic Fund Transfer from checking or savings account

I/we would like to make a monthly contribution of \$_____ to Catholic Charities Tell City 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