

CATHOLIC CHARITIES

INDIANAPOLIS

CONTRIBUTION FORM

Please mail this form with your contribution to Catholic Charities Indianapolis.
Attn: Maggie Fox, PO Box 1410, Indianapolis, IN 46206

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): ___/___ 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