

# CATHOLIC CHARITIES



TERRE HAUTE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  home  office

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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

Please use my gift where it is needed most. **OR**

I would like to restrict my gift to this agency program: \_\_\_\_\_

**Check enclosed** made payable to Catholic Charities Terre Haute. Check no. \_\_\_\_\_

**Please charge my credit card:**  Visa  Mastercard  Discover  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name appearing on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

**My employer will match this gift.**

Company: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Please consult your employer for details and mail all necessary paperwork to our agency.

I would like more information about how to include Catholic Charities Terre Haute in my will or trust.

**Please mail donations to:**

Catholic Charities Terre Haute

1801 Poplar St.

Terre Haute, IN 47803