

# CATHOLIC CHARITIES



## CONTRIBUTION FORM

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

**Attn: Joan Hess, 802 Ninth St., Tell City, IN 47586**

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NAME(S)

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ADDRESS

CITY

STATE

ZIP

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PHONE

E-MAIL ADDRESS

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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

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\_\_\_\_\_ 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