



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 in my will or trust.

**Please mail donations to:**

Catholic Charities Terre Haute  
PO Box 3318  
Terre Haute, IN 47803