



CATHOLIC COMMUNITY SERVICES
CATHOLIC HOUSING SERVICES
 SERVING PEOPLE OF ALL BELIEFS

DONATION FORM

THANK YOU FOR YOUR GENEROSITY

Every dollar you give makes a difference. Your contribution helps us reach out to nearly 100,000 people throughout Western Washington each year. As good stewards of your gifts, we are pleased to report that 92¢ of every dollar spent goes directly to those in need.

Your gift is tax deductible as specified in IRS regulations.

YES, I will join Catholic Community Services in changing lives by caring for our poor and vulnerable neighbors in Western Washington. My gift information is below.

MY INFORMATION

Last Name	First Name	Date
Address		
City	State	Zip
Telephone	Email Address	
Parish Name	Parish City	
<input type="checkbox"/> Email my gift receipt and updates about your work to the email above. <input type="checkbox"/> I am interested in leaving a legacy gift through my estate. Please contact me. <input type="checkbox"/> I have included CCS in my will. <input type="checkbox"/> Please do not include my name in publications.		

MY GIFT

<input type="checkbox"/> IN FULL: I would like to give my gift in full now. Enclosed is my donation by credit card, cash or check of: <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other \$ _____
<input type="checkbox"/> PLEDGE: I would like to pledge a total gift of \$ _____. My first installment of \$ _____ is enclosed. Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<input type="checkbox"/> MONTHLY GIVING: I would like to give a gift of \$ _____ each month, until I notify you otherwise.

MY METHOD

Cash or check: Please make checks payable to Catholic Community Services.

Credit Card: Visa MasterCard

Card # _____ - _____ - _____ - _____

Expiration date (MM/YY) ____ / ____ 3-digit code on back of card: ____

Print name as it appears on card _____

Card holder's signature _____

Direct pay from my bank: I will arrange with my bank. By phone: Call 1-800-499-5979, ext. 5707.

Stock: Call 1-800-499-5979, ext. 5707 Donate Online: www.ccsww.org

HONORARY/MEMORIAL DESIGNATION

I would like to dedicate my gift in honor memory of:

Name(s) _____

Please send a tribute card to:

Name(s) _____

Address _____

City _____ State _____ Zip _____

GET YOUR GIFT MATCHED!

Request a matching gift form from your personnel office. (Retirees may be eligible too.)

MAIL COMPLETED FORM AND CHECK (IF APPLICABLE) TO:

Catholic Community Services
100 23rd Ave. S
Seattle WA 98144

QUESTIONS? Call 1-800-499-5979, ext. 5707 or email development@ccsww.org.