



**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"/> <b>IN FULL:</b> 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"/> <b>PLEDGE:</b> 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"/> <b>MONTHLY GIVING:</b> 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](http://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 23<sup>rd</sup> Ave. S  
Seattle WA 98144

**QUESTIONS?** Call 1-800-499-5979, ext. 5707 or email [development@ccsww.org](mailto:development@ccsww.org).