



**YES, I WANT TO MAKE A CONTRIBUTION TO  
CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY!**

Name *(please print)* \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**MY TAX-DEDUCTIBLE CONTRIBUTION IS:**

- \$5,000     \$1,000     \$500     \$250     \$100     \$50  
 \$\_\_\_\_\_ A gift of any size is appreciated!

**PLEASE NOTE MY GIFT IS:**     In Honor Of     In Memory Of

Name *(please print)* \_\_\_\_\_

**PLEASE SEND NOTIFICATION OF MY GIFT TO:**

Name *(please print)* \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

*Your donation will support all programs unless otherwise noted. Program \_\_\_\_\_*

- Please mark this gift as anonymous. I do not wish to be recognized.  
 Please send me more information about planned giving opportunities.  
 CSSW is included in my/our estate plan.

**MY PAYMENT METHOD IS:**

Enclosed is my check payable to **CATHOLIC SOCIAL SERVICES**

Please charge my:     AmEx     MasterCard     Visa

Acct # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**THANK YOU FOR YOUR GIFT!** *Please mail this form along with your payment to:*  
Catholic Social Services of Washtenaw County - Development Department  
4925 Packard Road, Ann Arbor, MI 48108