



Name (please print) _____

Address _____

City, State & Zip _____

Email _____ Phone _____

My tax-deductible contribution is:

- \$5,000 \$2,500 \$1,000 \$500 \$250
 Other \$ _____ 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.

Payment options:

- Make an online gift by visiting csswashtenaw.org.
- Mail your gift along with this form in an envelope addressed to CSSW (see address below).

Enclosed is my check payable to **Catholic Social Services**.

Please charge my: AmEx MasterCard Visa

Acct # _____

Expiration Date _____ CVN _____

Cardholder Signature _____

THANK YOU FOR YOUR GIFT!

Catholic Social Services of Washtenaw is accredited by the National Council on Accreditation
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