CATHOLIC CHARITIES
SERVING NEIGHBORS IN NEED

Monthly Donation Form

Today's Date: _____
Name (of donor(s) or organization): _____
Address: _____
City: _____ **State:** _____ **ZIP:** _____
Amount to donate per month: $_____
Email: _____ **Phone number:** (_____) _____

I/We would like to donate every month…:
☐ Indefinitely ☐ Until a certain amount (please specify amount): $_____
☐ Until a certain date (please provide month and year): _____

I would like the donation to be processed on the… ☐ 5th of every month ☐ 20th of every month

Designation (select one):
☐ Unrestricted / Area of Greatest Need
☐ Adoption Services
☐ Adult Day Services
☐ Community Counseling
☐ Outreach & Case Management Services
☐ Hoarding Intervention & Treatment
☐ Pregnancy & Parenting Support
☐ Refugee & Immigration Services
☐ Supported Parenting Services
☐ Other: _____

Please fill out ONE of the two boxes below so that we may process your monthly donations.

CREDIT CARD / DEBIT CARD PAYMENT

☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Credit Card Number: _____
CSC/CVV: _____
Expiration Date: _____

Signature: _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

You may electronically transfer $_____ per month for _____ months to fulfill a pledge balance of $_____.

☐ Checking account **(must enclose a voided check)**
☐ Savings account **(must enclose a savings deposit slip)**
Name: _____ Date: _____

Signature: _____

Once completed, please return documents by email to lvela@ccmke.org or by mail. If you are enclosing a voided check or savings deposit slip, please return by mail.

Laura Vela
Catholic Charities
P.O. Box 070912
Milwaukee, WI 53207

For questions, please contact Laura at lvela@ccmke.org or 414-769-3536.

I/We would like to be thanked: ☐ After each transaction ☐ Only at year-end