



Passing on Hope

Please accept my contribution of:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other amount \$_____

Name _____

Address _____

City, State, Zip _____

Telephone (_____) _____ - _____ ext. _____ Email _____

- My check is enclosed.
- Please charge my credit/debit card for the full amount now. __ Visa __ MC __ Amex
- Please charge my credit card \$_____ now and \$_____ every month for the next _____ months.
Account No. _____ Exp. date _____ Security code _____
(last three digits on rear of card)

I understand the amount for contribution will be transferred directly from my bank account or credit/debit card as stated above, and a record of my gift will appear on my bank or card statement, as directed. By providing my signature, I acknowledge and authorize United States Conference of Catholic Bishops permission to process my credit card through Faith Direct Credit Card Services.

Cardholder's Signature

Date

Note: To make a credit card contribution by telephone please call (202)541-3344 for immediate assistance.

- My employer has a matching gift program. Form enclosed Form to follow

Return to:
Passing on Hope Campaign
MRS Resource Development—5th Floor
United States Conference of Catholic Bishops
3211 4th St., NE
Washington, DC 20017

Note: For faster processing, send your completed form by email to MRSDevelopment@usccb.org.