



## *Unaccompanied Children's Fund*

Please accept my contribution of:

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

e-mail address \_\_\_\_\_

- My check is enclosed.
- Please charge my Visa or MasterCard for the full amount now.
- 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)

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:  
Unaccompanied Children's Fund  
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 [MRSDdevelopment@usccb.org](mailto:MRSDdevelopment@usccb.org).