



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 processed on the... 5th of every month 20th of every month

Designation (select one):

Unrestricted / Area of Greatest Need

In-Home Support & Hoarding Intervention

Adoption Services

Pregnancy & Parenting Services

Adult Day Services

Refugee & Immigration Services

Behavioral Health Community Counseling

Supported Parenting Program

Case Management & Outreach

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 mweir@ccmke.org or by mail. If you are enclosing a voided check or savings deposit slip, please return by mail.

Mary Weir
Catholic Charities
P.O. Box 070912
Milwaukee, WI 53207

For questions, please contact Mary at mweir@ccmke.org or 414-769-3536.

I/We would like to be thanked: After each transaction

Only at year-end