



# ANNUAL CATHOLIC APPEAL

## Neighbor Helping Neighbor

### Donor information:

Name(s): \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parish Name: \_\_\_\_\_ Parish City: \_\_\_\_\_

### Below please enter your name(s) as it appears on your credit card statement:

Name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit card type: \_\_\_\_\_ (Visa, MasterCard, Discover, American Express)

Account number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_

3 or 4 digit card security code (CID) \_\_\_\_\_

#### **Discover/Novus, Visa or MasterCard Users**

*Flip your card over and look at the signature box. You may see up to a 16-digit credit card number followed by a special 3-digit code. This 3-digit code is your CID.*

#### **American Express Credit Card Users**

*Look for the 4-digit code printed on the front of your card just above and to the right of your main credit card number. This 4-digit code is your Card Security Code.*



How would you like your donation charged to your account:  One-time  Monthly

Total Gift Amount \$ \_\_\_\_\_ Monthly Amount (if applicable) \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All information will be kept strictly confidential.**

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