



Please **Print** and mail this form to:

The Roman Catholic Diocese of Charlotte  
Finance Department  
1123 South Church Street  
Charlotte, NC 28203

Today's Date:

### **Gift Information**

**Donation amount:**  **Designation**   
**Name**   
**Address:**   
**City:**  **State:**  **Zip**   
**Province:**  **Country**   
**Daytime phone#:**  **Evening phone#:**   
**E-mail:**   
**My Parish:**

**My Employer Matches Gifts (Company Name):** \_\_\_\_\_

Checks should be made payable to the Roman Catholic Diocese of Charlotte. Please attach your check to this form and write in the memo section of the check the designation selected above.

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### Credit Card Information

If you wish to use a credit card, please complete the information below and mail in this form to the address listed above at the top of the form.

Thank you for your support!

**Name on Card (if different from above):**   
**Card Type:**   
**Account #:**   
**Expiration**  /  **Card CVV2 Code\*:**

\*For VISA, Mastercard, and American Express cards, the CVV2 number is the extra 3 or 4 digits following your card number, listed on the back of the card.

**Signature:** \_\_\_\_\_