



Monthly Giving Program Authorization

Monthly Donation Amount \$ _____

For Credit Card (we accept VISA, MasterCard, American Express and Discover)

Credit Card Number _____ Exp Date _____

For Checking Account (please enclose a voided check)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Authorization

I authorize Catholic Charities of the Archdiocese of Washington to automatically charge a recurring contribution from my account in the amount indicated above. This authorization will stay in effect until I notify Catholic Charities of the Archdiocese of Washington that I wish to change or cancel my contribution.

Signature _____ **Date** _____

Complete the information above and return this form by mail or email to:

Catholic Charities of the Archdiocese of Washington
Attn: Development, Monthly Gifts
924 G Street NW
Washington, DC 20001

Email: giving@cc-dc.org