



MY PERSONAL DETAILS

Name _____ Address _____
(first) (last)

City _____ State _____ Zip _____

Telephone Number _____ email address _____

DONATION DETAILS

Donation Amount \$ _____

My donation intention:

- _____ Where Needed Most
- _____ (a specific program) - name that program/purpose _____

I would like to pay for this donation by:

_____ CHECK Please make check out to "Catholic Charities, Diocese of Venice, Inc."

_____ CREDIT CARD

Credit Card Number _____

Name on Credit Card _____ Signature _____

Expiration Date _____ Security Code _____

TRIBUTE:

My gift is in _____ honor _____ memory of _____
(first) (last)

Please mail a tribute card to:

Name _____ Address _____

City _____ State _____ Zip _____

Personal message on card: _____

Please mail to:

Catholic Charities, Diocese of Venice, Inc.
5824 Bee Ridge Rd PMB 409
Sarasota, Florida 34233-5065