



Credit Card Billing Authorization

Thank you for your donation to the Catholic Foundation of Michigan. The Catholic Foundation of Michigan ensures that your gift responds to the greatest needs in the Catholic community today and into the future. You can trust we are committed to protecting and preserving your charitable interests according to your faith and values. Thank you for making a gift that will support faith-filled work for years to come.

By signing below, I authorize the Catholic Foundation of Michigan to bill my credit card for a charitable donation.

Gift information:

Gift amount: \$ \_\_\_\_\_

Select Frequency:

- Monthly Quarterly Yearly One time

Please designate my gift to the following fund (check one):

Legacy Unrestricted Endowment Fund: Your gift will be used to respond strategically and with flexibility to the most important needs in our Catholic community.

Field of Interest Fund: Your gift will support your particular Catholic interest (check one):

- Parish Life Social Outreach Catholic Education & Formation

Designated Fund: Your gift will be directed to a specific fund.

Name of fund: \_\_\_\_\_

Donor Contact Information:

Printed Cardholder Name: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

16-Digit Credit Card Number: \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Cardholder's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

- I would like my gift to remain anonymous
This gift is in memory/honor of the following:
Address for notification:

Please complete this form and send it to:

The Catholic Foundation of Michigan
1145 W. Long Lake Road, Suite 201 Bloomfield Hills, MI 48302
Info@CatholicFoundationMichigan.org