



## DONATION FORM

### DONOR INFORMATION

Donor Name(s) \_\_\_\_\_

Contact Name & Title (Business Donors) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Parish \_\_\_\_\_ Parish City & State \_\_\_\_\_

### DONATION

I/We wish to donate \$ \_\_\_\_\_

### PAYMENT OPTIONS

#### Cash

**Check Enclosed** (payable to the **National Shrine of Our Lady of Good Help**)

**Credit/Debit Card Payment**    Visa    MasterCard    Discover    American Express

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Number \_\_\_\_\_

Signature \_\_\_\_\_

#### Bank Draft (ACH) Payment

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_

**GIFT DESIGNATION**    General Support    Capital    Endowment    Other \_\_\_\_\_

### RECOGNITION INFORMATION

How would you like to appear in the Shrine's Annual Report or other public announcements:

\_\_\_\_\_ I/We wish to remain anonymous

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Form