



## DONOR INFORMATION

## DONATION FORM

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 Champion**)

**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:

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

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

Print Form