



ANNUAL CATHOLIC APPEAL

Neighbor Helping Neighbor

Donor information:

Name(s): _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Parish Name: _____ Parish City: _____

Below please enter your name(s) as it appears on your credit card statement:

Name: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Credit card type: _____ (Visa, MasterCard, Discover, American Express)

Account number: _____ - _____ - _____ - _____

Expiration date: ____ / ____

3 or 4 digit card security code (CID) _____



Discover/Novus, Visa or MasterCard Users

Flip your card over and look at the signature box. You may see up to a 16-digit credit card number followed by a special 3-digit code. This 3-digit code is your CID.

American Express Credit Card Users

Look for the 4-digit code printed on the front of your card just above and to the right of your main credit card number. This 4-digit code is your Card Security Code.

How would you like your donation charged to your account: One-time Monthly

Total Gift Amount \$ _____ Monthly Amount (if applicable) \$ _____

Signature: _____ Date: _____

All information will be kept strictly confidential.

DIOCESE OF SPRINGFIELD • P.O. Box 1730 • Springfield, Massachusetts 01102-1730

Phone: 413-452-0671 • Fax: 413-785-5449

www.diospringfield.org