



Catholic Fund against Human Trafficking

Please accept my contribution of:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other amount \$ _____

Name _____

Address _____

City, State, Zip _____

Telephone (_____) _____ - _____ ext. _____ Email _____

- My check is enclosed.
- Please charge my credit/debit card for the full amount now. __ Visa __ MC __ Amex
- Please charge my credit card \$ _____ now and \$ _____ every month for the next _____ months.
Account No. _____ Exp. date _____ Security code _____
(last three digits on rear of card)

I understand the amount for contribution will be transferred directly from my bank account or credit/debit card as stated above, and a record of my gift will appear on my bank or card statement, as directed. By providing my signature, I acknowledge and authorize United States Conference of Catholic Bishops permission to process my credit card through Faith Direct Credit Card Services.

Cardholder's Signature

Date

Note: To make a credit card contribution by telephone please call (202)541-3344 for immediate assistance.

My employer has a matching gift program. Form enclosed Form to follow

Return to:
Catholic Fund against Human Trafficking
MRS Resource Development—5th Floor
United States Conference of Catholic Bishops
3211 4th St., NE
Washington, DC 20017

For faster processing, send your completed form by email to MRSDvelopment@usccb.org.

The United States Conference of Catholic Bishops (USCCB) is an organization with 501(c)(3) status. Contributions are deductible as provided by law. We reserve the right to decline donations under certain circumstances. All donations are subject to acceptance and processing in Washington, DC.