



DREAM ACT DEFERRAL APPLICATION (DACA) FUND

Please accept my contribution of:

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

Name _____

Address _____

City, State, Zip _____

Telephone (_____) _____ - _____ ext. _____

e-mail address _____

My check is enclosed.

or

Please charge my Visa or MasterCard for the full amount now.

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

My employer has a matching gift program. ___ form enclosed ___ form to follow

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)