



CHARITY GUILD *of* CATHOLIC WOMEN

Please print this page out and send the completed form with check or credit card information to:

Treasurer
Charity Guild of Catholic Women
1203 Lovett Boulevard
Houston, Texas 77006-3857

Enclosed is my gift of \$ _____ to Charity Guild of Catholic Women. Please apply my money to the following (please choose one):

- Capital Campaign (for information contact Georgia Smith at 281.497.4223 or 713.385.5797)
- San Jose Pediatric Fund
- Selected Children's Charities
- Wherever the funds are most needed

What is the method of which you will be donating? **Please make checks payable to Charity Guild of Catholic Women.**

- Check
- Credit Card

If by credit card, what type?

- MasterCard
- Visa
- Discover

Name on Credit Card _____

Credit Card # _____ Exp. Date _____

Signature _____ Tel _____

If you wish to make a donation on memory or in honor of someone, please fill out the information below:

In Memory Of _____

In Honor Of _____

Please send acknowledgment to:

Name _____

Street Address _____

City/State/Zip _____

Name of Donor _____

Address of Donor _____