

## MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can process and acknowledge your gift.

## Please mail this completed form to:

Catholic Medical Mission Board Gift Processing Center PO Box 37041 Boone, Iowa 50037-0839

DONOR INFORMATION  Full Name:  Organization Name (Fill this out only if you're making your donation on behalf of an organization.):  ADDRESS INFORMATION  Address (If you're making this donation on behalf of an organization, please provide the organization's address.):			
		City: State: _	Zip Code: Country:
		Email: Phone N	Number:
By providing your contact information, you will receive CMMB ale	erts and other ways to get involved. You may unsubscribe at any time.		
PAYMENT OPTIONS	BECOME A MONTHLY DONOR		
One Time Gift Amount:	Your monthly gift can make a life-changing difference!		
☐ I'm enclosing my check made payable to	☐ YES! Please bill my credit/debit card in the amount of		
Catholic Medical Mission Board.	\$ per month.		
☐ Please charge my credit/debit card:	YES! I'd like to make a monthly gift in the amount of		
○ MasterCard ○ Visa ○ American Express ○ Discover	\$ per month using my banking account.		
Cardholder's Name:	I've attached a voided check from the account to use.		
Card Number:	You may change/cancel this amount at any time by contacting		
Expiration Date:	CMMB by email at info@cmmb.org by phone at 1-800-678-5659.		
I WANT TO SUPPORT	LEGACY SOCIETY  Through a planned gift, you can leave a legacy of love.		
☐ Where It Is Needed Most: Your gift will be used to provide help where it is needed most.	☐ Please send me more information about how I can		
Other*:	remember CMMB in my will or trust.		
*Please also indicate the cause's name on the memo line of your check	☐ I have already included CMMB in my estate plans.		
(e.g. COVID-19 Response). If CMMB is not receiving funds for the cause			
you indicated, your gift will be applied to Where It Is Needed Most.	CHARITY NAVIGATOR Four Star Charity  ACCREDITED CHARITY		
TRIBUTE GIFTS	CMMB Rated Four Stars, Meets Better Business		

I wish to make a gift  $\square$  in memory of  $\square$  in honor of:

Name: \_

10 Years in a Row

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Bureau's 20 Standards for