



Orange Catholic Foundation Gift Form

I/We wish to support the mission of the Orange Catholic Foundation:

Donor Information

Mr. Mrs. Ms. Dr. Other _____

First Name(s) _____ M.I. _____ Last Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

FAX _____ Email _____

Your Gift

IMPORTANT: Please contact our office prior to sending cash or securities. To give securities, please visit our website at www.OrangeCatholicFoundation.org and obtain the Stock Donation Form.

I/We would like to make a one-time gift of \$ _____

I/We would like to pledge a total of \$ _____ to be paid as follows:

\$ _____ now and \$ _____ Semi-annually Quarterly Monthly

Enclosed is my check payable to Orange Catholic Foundation in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

Card # _____ Exp Date _____

I authorize the above transaction: _____

Signature

Date

Designation

To: OCF Unrestricted Fund to be used where need is greatest

My/Our Donor Advised Fund Fund Name: _____

Parish or School Endowment Fund Fund Name: _____

School Financial Assistance Fund Seminarian Education Fund

Retired Priest Fund Parishes in Need Fund

Other, please describe _____