



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 _____

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 Tuition Assistance Fund Seminarian Education Fund

Retired Priest Fund Parishes in Need Fund

Other, please describe _____

YOUR GIFT

IMPORTANT: Please contact our office prior to sending cash or securities. To give securities, please visit our website at www.orangecatholicfoundation.org/how-to-give/ 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 \$ _____

\$ _____ 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 # _____ CVV _____ Exp Date _____

I authorize the above transaction: _____

Signature

Date

For more information, please contact the Orange Catholic Foundation at 714.282.3021.