



# MAIL IN FORM

Please print and return this with your remittance.  
A receipt will be mailed to you.  
We are truly grateful for your support.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I would like to set up a recurring payment on the \_\_\_\_ day of each month until I cancel.

Amount of monthly donation: \_\_\_\_\_ (\$5.00 per month minimum)

Check: Made payable to the **Catholic Foundation**. Mail to the address at the bottom of this form.

I would like to have my payment charged accordingly:

Checking/Savings Account: Account Number # \_\_\_\_\_ Routing # \_\_\_\_\_  
(Please include a "voided" check blank.)

Credit Card  Debit Card: Account Number # \_\_\_\_\_

Expiration date: \_\_\_\_\_ Name on the card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Online: [www.CFWND.com](http://www.CFWND.com)

I request that my donation be designated to the following endowment(s):

- Seminarian Scholarship Endowment Fund
- Priests' Care Endowment Fund
- Catholic School and Religious Education Endowment Fund
- Women Religious Vocation Endowment Fund
- A Parish Endowment Fund (Write the name and location of the parish on blank line below)
- A Catholic School Endowment Fund (Write the name and location of the school on blank line below)
- A Family Named Endowment Fund (Write the name of Family Endowment Fund on blank line below)

\_\_\_\_\_

Please mail this form to the Catholic Foundation of Western North Dakota, PO Box 1175, Bismarck, ND 58502-1175. If you have any questions or would like any additional information, please contact Ron Schatz at (701) 204-7202.

**Donations to the Catholic Foundation are tax-deductible as permitted by law.  
Remember that annual, combined donations of \$5,000 or more to a single, qualified  
ND endowment fund may qualify for a 40% ND Tax Credit!**