

Donation Form

Donor Name:	
Street Address:	
City, State Zip:	
Email:	

Community Giving Donor Organized Event
Appeal Code: R1ECOM

Please mail this form with your donations to:
Catholic Relief Services
P.O. Box 17090
Baltimore, MD 21297-0303

INSTRUCTIONS

- All checks are to be payable to **Catholic Relief Services**.
- Please convert cash to a check or money order.
- Write **Community Giving and R1ECOM** on all of the checks in the memo line.

DONATIONS BY CHECK Please list all enclosed checks by number and donation amount

Check Number	Donation Amount	Check Number	Donation Amount	Check Number	Donation Amount
Check Number	Donation Amount	Check Number	Donation Amount	Check Number	Donation Amount
Check Number	Donation Amount	Check Number	Donation Amount	Check Number	Donation Amount

TOTAL DONATION AMOUNT

\$ _____

Please return this form with your contributions in the envelope provided. Contributions will be used for the purpose(s), if any, specified by the donor. However, if in the judgment of CRS, such purpose(s) become unnecessary, undesirable, impractical or impossible to fill, CRS may use such contributions for its general purposes.

