

## **CRS Create Your Own: Donation Form**

First Name	Last Name
Address	
City	State Zip
Email	

## **INSTRUCTIONS:**

- Ensure all checks are payable to Catholic Relief Services.
- Please send check or money order only.
- Write **QXM03COENG** on the memo line of each check.
- Please mail this form with your donation to: Catholic Relief Services
  P.O. Box 17090
  Baltimore, MD 21297-0303

<b>Donations by Check</b>	Please list all encloseo	l checks by number and	I donation amount.
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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 in the envelope with your community's donation. Contributions will be used for the purpose(s), if any, specified by the donor. However, if in the judgement of CRS, such purpose(s) become unnecessary, undesirable, impractical or impossible to fill, CRS may use such contributions for its general purpose.

**CRS-Use Only: Community Giving Donor Organized Event** Appeal Code: QXM03COENG