

# **CRS** Ark of Hope: Donation Form

First Name	Last Name	
Address		
City	State	Zip
Email		

### **INSTRUCTIONS:**

- Ensure all checks are made payable to **Catholic Relief Services** and mail to: P.O. Box 5200 Harlan, IA 59593-0700.
- Please send check or money orders only. No cash should be sent via mail.
- To ensure we process your gift correctly, please select the applicable option:
  I am not part of a CRS Chapter or Club. Write QXW03MBL03 on all checks.
  - □ I am part of a CRS Chapter or Club. Write *QXM03AHENG* on all checks.

## 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 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 judgment 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: M2 Community Giving Donor Organized Event

Appeal Code: CRS Staff, please code as indicated by donor above. If no selection made, code to QXW03MBL03.