CATHEDRAL HOME /CRISIS CENTER
DONATION FORM

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ EMAIL ADDRESS_____

PAYMENT METHOD

☐ I HAVE ENCLOSED A CHECK FOR $_____ PAYABLE TO **CATHEDRAL HOME FOR CHILDREN**

CHARGE MY: (PLEASE CHECK ONE)
YOUR NAME (AS IT APPEARS ON CREDIT CARD)
_____

☐ MASTERCARD ☐ VISA ☐ DISCOVER

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CARD NUMBER (PLEASE CHECK NUMBER OF DIGITS) EXP DATE MONTH/YEAR

☐☐☐

VERIFICATION SECURITY CODE
(LAST 3 NUMBERS ON THE BACK OF THE CREDIT CARD)

_____
SIGNATURE (REQUIRED)

I WOULD LIKE TO DESIGNATE THIS GIFT TO:

☐ **WHERE NEEDED MOST**
☐ MAE OLSON EDUCATION CENTER
☐ LARAMIE YOUTH CRISIS CENTER
☐ VOCATIONAL EDUCATION PROGRAM
☐ OUTREACH/AFTERCARE PROGRAM
☐ RECREATION PROGRAM
☐ CLINICAL PROGRAM
☐ SCHOLARSHIP PROGRAM
☐ HORSE PROGRAM
☐ SPIRITUAL PROGRAM
☐ DEAF PROGRAM

☐ IN MEMORY OF ☐ IN HONOR OF

_____

SEND ACKNOWLEDGEMENT TO:_____
NAME_____
ADDRESS_____
CITY _____ STATE _____ ZIP _____

Mail to: *Mary Runner, Marketing and Development Director*
*Cathedral Home for Children * PO Box 520 * Laramie, WY 82073*

☐ **Yes, my company matches my gifts. I have included a form from my company.**
☐ *I would like to receive information on Gift Planning.*