



Please return this completed gift form to us by one of the following:

MAIL

EMAIL

FAX

13280 Chapman Avenue Garden Grove, CA 92840 in fo @Orange Catholic Foundation.org

657.206.4459

For more information, please contact The Orange Catholic Foundation at 714.282.3021 .					
I / We wish to support the mission of The Orange Catholic Foundation:					
DONOR INFORMATION					
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Program or Fund:		Dollar / Pe	ercent Sp	lit: Anon	ymous (Yes/No):
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YOUR GIFT				<u>'</u>	
IMPORTANT: Please contact our office prior to sending cash or securities. To give securities, please visit our website at www.OrangeCatholicFoundation.org/ways-to-give and obtain the Stock Donation Form.					
I / We would like to make a one-time gift of \$					
I / We would like to pledge a total of \$					
\$ now, and \$ Semi-annually Quarterly Monthly					
Enclosed is my check payable to The Orange Catholic Foundation in the amount of \$					
Please charge my credit card in the amount of \$					
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I authorize the above transaction: SIGNATURE				DATE	