

CATHOLIC ASSOCIATION OF LATINO LEADERS

One Time Gift

Recurring Monthly Gift

ENCLOSED IS MY SPECIAL GIFT OF \$_____ BY CHECK

I WOULD LIKE TO MAKE MY GIFT OF \$_____ BY CREDIT CARD

CONTACT INFORMATION

First Name Last Name
Cell Phone Work Phone
Home Phone Email
Address
(street/city/state/zip code)

Discover Visa Mastercard American Express

CREDIT CARD INFORMATION

Card Holder Name
Card Number
Expiration Date Security Code
Billing Address. If its the same as above please check here
Billing Address
(street/city/state/zip code)
Help Us Cover the Credit Card Cost for This Transaction
 Yes! I want to help CALL cover the 3% processing fee up to \$10 No. I do not want to help CALL cover the 3% processing fee up to \$10
Card Holder Signature