

**My membership in the Catholic Foundation for the year 2010 is indicated below:**

Membership Level	Annual Dues
<input type="checkbox"/> FRIEND	\$25
<input type="checkbox"/> CLERGY/RELIGIOUS	\$25
<input type="checkbox"/> SUSTAINING	\$100
<input type="checkbox"/> GUARDIAN	\$250
<input type="checkbox"/> HONORABLE	\$500
<input type="checkbox"/> MAJESTIC	\$1,000
<input type="checkbox"/> LIFETIME	\$5,000 (One-Time)

\_\_\_\_\_  
(M/M, Mr., Mrs., Ms.) Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Parish

I have moved to the PLUS\* Level:  (any annual level plus \$50)

\* Partners Lending Upgraded Support

I wish to pay my Lifetime Membership in installments. Please call me for arrangements.

Please make your check payable to: **THE CATHOLIC FOUNDATION** All dues are tax deductible For payment options see other side

**Only for payments made by credit card or EFT**

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

You may Electronically Transfer \$\_\_\_\_\_ per month for \_\_\_\_\_ months to fulfill the balance of \$\_\_\_\_\_. Transfer of funds will be made on the 10th of each month.

(check one)  Checking OR  Savings Account  
*(MUST ENCLOSE A VOIDED CHECK)*

Name \_\_\_\_\_ Date \_\_\_\_\_

I agree that each payment will be the same as an instrument personally signed by me. This authority is to remain in effect until personally revoked by me in writing.

Signature \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_

Please complete name and address on the front.  
**DON'T FORGET TO ENCLOSE A VOIDED CHECK!**

**CREDIT CARD AUTHORIZATION**

I wish to make \_\_\_ payment(s) of \$\_\_\_\_\_ on my credit card starting in the month of \_\_\_\_\_. Payments will be charged on the 10th of the month. Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_ \_\_\_\_  VISA  MasterCard  
(Mo) (Yr)

Print Name of Cardholder \_\_\_\_\_

I agree that each payment will be the same as an instrument personally signed by me. This authority is to remain in effect until personally revoked by me in writing.

Cardholder Signature \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Please complete name and address on front.