

**CATHOLIC CHARITIES OF THE EAST BAY**  
**Donation Form**

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**Donor Information** *(Please print clearly or type)*

Name: Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parish: \_\_\_\_\_

Enclosed is a single gift of \$ \_\_\_\_\_

I prefer to make a pledge of \$ \_\_\_\_\_

Pledge balance to be billed:  Monthly  Quarterly  Semi-annually

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**Select your means of payment:**

**Check** (enclosed) in the amount of \$ \_\_\_\_\_  
Please make your check payable to **Catholic Charities of the East Bay**

**Credit card**

Please charge \$ \_\_\_\_\_

to VISA/MC/AMEX/DISC # \_\_\_\_\_

Signature \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_

Check here to request credit card receipt

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**There are 3 options for sending this form back to CCEB:**

**Mail:** Catholic Charities of the East Bay  
Development Department  
433 Jefferson Street  
Oakland, CA 94607-3592

**Fax:** (415) 451-6998  
Attn: Development Department

**Email:** joe@cceb.org

***Thank you for your support!***