



Canonization Donation Form

National Christ Child Society

4340 East West Hwy, Suite 202

Bethesda, MD 20814

I would like to donate the following amount \$_____

Donating by Check:

Payable to: National Christ Child Society

Please mail your check to the address above

If donating by Credit Card, please provide us with the following information or call our office at 800-814-2149:

Circle your type of Credit Card:

VISA MasterCard Discover

Credit Card Number _____ Exp Date: _____

Name on the Card: _____

Please provide the following information:

Circle Your Preferred Title: Ms Mrs Mr Dr None other _____

First Name: _____ Last Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Country _____ Email _____ I do not want to receive email updates

Daytime Phone: _____ Evening Phone _____

*** Special Instructions: Recurring donations may be arranged on a monthly or yearly basis. Please contact the National Office for further information.**

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