



Roman Catholic Bishop of the Diocese of Calgary

<b>Gift Date</b> <hr/> (mm/dd/yyyy)
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## Memorial Gift Form

This gift is in memory of: \_\_\_\_\_  
(name of deceased)

This person is my: \_\_\_\_\_  
(your relationship to the deceased, ie. friend, sister, priest)

Amount of gift: \_\_\_\_\_  Monthly  One Time  Annually

GL Code: \_\_\_\_\_  
(internal use only)

Soft Credit? \_\_\_\_\_  
(ID Code)

### **Donor's Personal Information**

Raiser's Edge ID: \_\_\_\_\_  
(internal use only)

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home  Work

**Complete this section to have a note sent to the next of kin advising them of your gift:**  
(your gift amount is never revealed)

Name: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

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

Personal message: \_\_\_\_\_

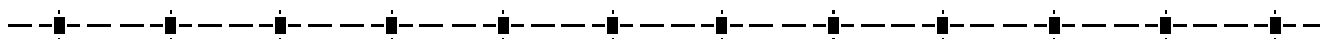
Privacy: The data we collect will only be used for the purpose of supplying you with the requested services or for other purposes for which you have given your consent, except where otherwise provided by law. We do not rent or sell our donor information. If you do not wish to receive newsletters or event invitations from us, mark the appropriate box(es) below.

No, I do NOT want to receive newsletters  and/or event invitations  from Catholic Charities.

### **Credit Card Information** (Please note that a tax receipt may only be issued in the name of the credit card holder.)

Card Holder Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_



Card Type:  Visa  Mastercard  Amex

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_