



"Changing Lives, Bringing Light"

2013-2014 ANNUAL APPEAL

November 1, 2013-June 30, 2014

Please help us to realize our goal of \$170,000 to enhance the work and witness of the CMA!

I will support the 2013-2014 Annual Appeal with a gift of \$_____ which the CMA can allocate to best fulfill the mission

I would like my gift to support:

- MEDICAL STUDENT SCHOLARSHIP AND DEVELOPMENT FUND
- ENDOWMENT FUND
- EVANGELIZATION AND EDUCATION FUND
- ALL OF THE ABOVE

Donor Name: _____ Phone: _____ (Circle) Home Cell Work

Address: _____ Email: _____

Payment by: CHECK (Check # _____)

CREDIT CARD: (Circle) Visa MC AMEX Discover

Make check payable to: Catholic Medical Association

Provide billing address below, if different from mailing address

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

I authorize \$ _____ to be charged to this credit card
___ Once ___ Monthly ___ Quarterly ___ Annually

***For Security Reasons, Do Not
Send Credit Card Info via Email***

Signature: _____

Today's Date: _____

Please mail or fax this form with payment to the CMA at the address or fax number below.

Additional Comments: