



CATHOLIC
COMMUNITY FOUNDATION
 Archdiocese of Baltimore

CONTRIBUTION FORM

Please use this form to accompany any gift/deposit to the
Catholic Community Foundation

320 Cathedral Street, Baltimore, MD 21201

Phone: 410-547-5356 Fax: 410-625-8485 Website: www.ccfmd.org

Donor

Rev. Mr. Mrs. Ms. Dr. Other _____

First Name _____ Middle Initial _____ Last _____

Spouse First Name _____ Middle Initial _____ Last _____

Organization Name (only complete if the donor on record is an organization) _____

Street Address _____

City _____ State _____ Zip _____

Preferred Phone Number _____ Email Address _____

Name of Fund to credit gift _____

Tribute Gift

Is this gift in "***Honor Of***" a living individual, family or establishment, event, etc? Yes No

If yes (Name): _____ Address _____

Is this gift in "***Memory Of***" a deceased individual, family member, etc? Yes No

If yes (Name): _____

Contribution

Amount \$ _____ One time Gift Pledge

Initial Payment \$ _____

Balance \$ _____ Payable: Annually Semi-Annually Quarterly Monthly

Check Please make check payable to the specific Fund Name.

Credit Card Visa MasterCard Discover Amex

Card # _____ Exp. Date _____

Signature _____

Securities # of Shares _____ Company Name _____ Approx. Value \$ _____

#of Shares _____ Company Name _____ Approx. Value \$ _____

Other Description _____ Approx. Value \$ _____

Instructions for Stock Transfer

IMPORTANT: Please contact our office prior to transferring securities. If transferring securities or mutual funds through a broker, please give the following account information to your broker. Funds or securities should be transferred to: **Alex Brown, Account 891N4618, DTC# 0725, Attention: Laura-Lynn Renner (410) 525-6240**

Morgan Stanley Smith Barney, Account 633-162167-190, DTC# 0015, Attention: Brian Harrison (410) 736-5320