

**Center for Resilient Individuals, Families, and Communities**  
**Donation Program**



**CONTACT**

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Please add me to your mailing list.

**GIFT INFORMATION**

\_\_\_ I would like to make a Recurring Gift as a:       Bi-Weekly Gift     Monthly Gift     Annual Gift  
 Process my gift on the:    1<sup>st</sup>     5<sup>th</sup>     10<sup>th</sup>     15<sup>th</sup>     20<sup>th</sup>     25<sup>th</sup> of the month  
 Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

OR

\_\_\_ I would like to make a One-Time Gift.

Total Donation Amount \$ \_\_\_\_\_

Please apply my gift to:      \$ \_\_\_\_\_ Hurricane Recovery                      \$ \_\_\_\_\_ General Operations  
    \$ \_\_\_\_\_ Probation Fines and Fees Campaign              \$ \_\_\_\_\_ Ronald Ivy Lewis Legal Fund  
    \$ \_\_\_\_\_ Social Services Stabilization Programs              \$ \_\_\_\_\_ Fiscal Sponsee: El Puebla Nola  
    \$ \_\_\_\_\_ Fiscal Sponsee: Rich Family Ministries

Please make this a    \_\_\_ Donation    \_\_\_ Memorial Gift    \_\_\_ Honor Gift    \_\_\_ Anonymous Donation

In Memory/Honor of: \_\_\_\_\_

Comments: \_\_\_\_\_

**PAYMENT INFORMATION**

Enclosed is a voided check for my gift. Please transfer my gift from my checking account.

*\*\*For One-Time Checking Account donations, please include a completed check with your donation form.*

My credit card information is listed below for my gift. Please transfer my gift from my credit card.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_



Yes! I wish 100% of my donation amount to go to Center for Resilient Individuals, Families, and Communities. I would like to pay the 2.19% credit card or \$0.25 ACH processing fee associated with my donation.

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at [www.crifcsouth.org](http://www.crifcsouth.org) or by contacting Center for Resilient Individuals, Families, and Communities by phone or mail. All donations provided to Center for Resilient Individuals, Families, and Communities comply with U.S. Law.

<i>For Office Use Only</i>	
\$ _____	Processing Fee Amount (2.19% for Credit Cards or \$0.25 for Checking Account gifts)
\$ _____	Total Donation Amount (required) (Donation Amount specified above + Processing Fee Amount)

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_