

# MAIL IN FORM



**Catholic  
Foundation  
of Western  
North Dakota**

Please print and return this with your remittance.  
A receipt will be mailed to you.  
We are truly grateful for your support.

Amount Enclosed
\$ _____

Payment Selection:  MasterCard or  Visa Acct. # \_\_\_\_\_

Print Name as it appears on the card \_\_\_\_\_ CVC \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like this set up as a recurring payment on the \_\_\_\_ day of each month until I cancel.

Check: Made payable to the **Catholic Foundation**

Online: [www.CFWND.com](http://www.CFWND.com)

I request that my donation be designated to the following endowment(s):

Seminarian Scholarship Endowment Fund

Priests' Care Endowment Fund

Catholic School and Religious Education Fund

An Individual Parish Endowment Fund  
(Name and Location of Parish)

An Individual Catholic School Endowment Fund  
(Name and Location of School/School System)

Home on the Range Foundation

Youth & Young Adult Ministry

Women Religious Vocation Endowment Fund

An Individual Named Family Endowment Fund  
(Name of Family Endowment) \_\_\_\_\_

\*\*\*Interested in establishing a family endowment to benefit the Bismarck Diocese?

Contact Katherine McFadden at 701-204-7229

Please mail this form to the Catholic Foundation at PO Box 1175, Bismarck, ND 58502

**Remember that annual, combined donations of \$5000 or more to a single, qualified ND endowment may qualify for a 40% ND Tax Credit!**

*Contributions to the Catholic Foundation are tax-deductible as permitted by law.  
Please call 701-204-7206 with any questions.*