WHY BECOME A MEMBER?
You can help make a different tomorrow! Circle of Hope Ever-Green members believe in the mission of Catholic Charities: building communities, promoting family life and enhancing human dignity by providing quality services to meet the physical, social, emotional and spiritual needs of individuals and families of all faiths and beliefs. Members are dedicated to making a lifetime of difference in our community.

A DONOR FOR LIFE
Ever-Green members are both individuals and businesses that intend to support Catholic Charities for a lifetime. Ever-Green member funds support the 30+ programs that we offer and allow Catholic Charities to meet special challenges and emergencies as they arise. Members help the hungry, the homeless, and anyone who is troubled or in need of aid and support. We believe in offering a helping hand to give individuals, of any belief, a different and better tomorrow!

An annual $1,000 contribution can provide food for over 30 families of four with a week's worth of food when an unexpected crisis occurs.

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To become a member, complete the form on the back of this page or visit www.ccstcloud.org/planned-giving to complete the form online.
For those who have made a commitment before, thank you for your prior pledge support.

☐ Yes, I would like to become an Ever-Green society member, a donor for life. My gift will be $ ________ annually.

Payment:
I would like my contribution to start: ____/____
month/year

I would like to contribute: ☐ Annually ☐ Quarterly ☐ Monthly

I would like to make my contribution via: ☐ Check ☐ Credit Card ☐ Automatic Withdrawl

(Please make checks payable to Catholic Charities. A blank check must be attached if you would like to pay via automatic withdrawal)

Credit Card Information: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on card: ___________________________________________
Card number: __________________________________________
Expiration date: _________________________________________
Signature: ___________________________________________ Date: ___________________

Contact Information:
Name: ______________________________________________
Address: ____________________________________________
City: ___________________________ State: ______ Zipcode: _______________
Phone Number: _______________________________________
Email Address: _________________________________________
Signature: __________________________________________