



2017 Good Samaritan Appeal

Who is my neighbor?



Catholic Social Services of Washtenaw County
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Donate at www.csswashtenaw.org through December 31

Yes! I want to be a Good Samaritan!

My Parish: _____
Best Phone: _____

My Tax Deductible Contribution: ☐ \$5,000 ☐ \$2,500 ☐ \$1,000
☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ Other _____

My Payment Method: ☐ Enclosed check payable to CSSW
☐ Please charge my*: ☐ VISA ☐ MasterCard ☐ AMEX
Cardholder Name _____
Account # _____
Expiration Date _____ CVV _____

*Credit card gifts must be postmarked by **December 19** to guarantee processing in 2017

Please note my gift is: ☐ In honor of: ☐ In memory of:

Name (please print) _____

Please send notification of my gift to:

Name (please print) _____

Address _____

City/State/Zip _____

☐ I have named CSSW in my estate plan.
☐ Please mark this gift as anonymous.

Program Interest: _____
Your donation will be applied where need is greatest unless a program is designated.

☐ **Yes!** Sign me up for CSSW updates

Best Email _____