

# Canons Regular of the Immaculate Conception

984 Monte Vista Drive, P.O. Box 112, Santa Paula, CA 93061-0112 • TEL: (805) 933-5063 • WEB: www.cricusa.org

## GIFT OFFERING

SUPPORTING OUR LIFE AND OUR WORK

### REPLY FORM

You can now donate on-line at [www.cricusa.org](http://www.cricusa.org) ~ select: Giving / Make A Donation

#### Donor Information:

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

*Please know that your offering supports the work and care of the Priests, Brothers and Seminarians of the Canons Regular of the Immaculate Conception.*

*The Canons Regular of the Immaculate Conception is a 501(c)(3) not-for-profit organization.  
Your personal or corporate gift is tax deductible to the full extent of the law.*

#### Please accept my tax-deductible gift of:

- \$10     \$15     \$20     \$25     \$35     \$50     \$75     \$100     \$150     \$250  
 \$500     \$750     \$1,000     \$1,250     \$1,500     \$2,000     \$5,000     Other: \$ \_\_\_\_\_

I would like to make a monthly pledge of \$ \_\_\_\_\_.

*You will receive a reminder at the beginning of each month.*

*Please note: monthly pledges carry no obligation and may be withdrawn at any time.*

I am interested in remembering the *Canons Regular of the Immaculate Conception* in my will.

*A bequest made to the: "Canons Regular of the Immaculate Conception, Inc."*

*will help us continue our work in preparing men to work in our parishes and serve in our communities.*

I am enclosing information for my employer's Matching Gift Program.

Please contact me regarding a gift of stocks, bonds or real property.

#### My Gift is:

In Loving Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

#### Payment Information: (Thank You!)

\$ \_\_\_\_\_     Cash     Check – Enclosed is my check made payable to **Canons Regular I. C.**

Please charge my credit card:     VISA     MasterCard     American Express     Discover

*Credit card donations may also be made by calling (805) 933-5063*

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
NAME AS IT APPEARS ON CREDIT CARD

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

*A receipt for your credit card transaction will be sent to you.*

**Please return this form with your offering to:** Canons Regular of the Immaculate Conception  
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Santa Paula, CA 93061-0112