

**St. Andrew the Apostle Roman Catholic Church Donation Form**

**First Name:**

**Last Name:**

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Email:**

**Phone:**

**Please accept my donation of:**

\$25\_\_\_\$35\_\_\_\$50\_\_\_\$100\_\_\_\$250\_\_\_\$500\_\_\_\$1,000\_\_\_

Other: Please Enter Amount \$ .00

My donation is:

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

In Thanksgiving for: \_\_\_\_\_

Please send a gift acknowledgement to this address: \_\_\_\_\_

---

If you would like your donation to be used for a specific program or programs, please check below:

I am interested in supporting a specific program. Enclosed is a donation for:

- Catholic Appeal
- Senior Sunday Bus Service
- Social and Spiritual Programs for Children and Teens
- Spanish Ministry and ESL Programs
- Saint Vincent de Paul Society/Food Pantry
- Other (please specify): \_\_\_\_\_

Please mail this form with your check to: St. Andrew the Apostle Church, 6713 Ridge Boulevard, Brooklyn, New York 11220.

You will receive a contribution statement for your tax records. Thank you very much for your gift.