

The Collegium Center for Faith and Culture

Contribution Form

Yes, I would like to help the Collegium Center answer the call for “a new evangelization”.

Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation

Check

Enclosed is my check in the amount of \$ \_\_\_\_\_.

*Payable to: The Collegium Center for Faith and Culture*

Credit Card

Please charge my credit card in the amount of \$ \_\_\_\_\_

Charge my card (please choose one – if no box is checked, your card will be charged once):

One Time    Monthly    Quarterly    Annually    Other \_\_\_\_\_

Check one:    Visa    Mastercard    Discover

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Name on Card (if different from above): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please return form to:

The Collegium Center for Faith and Culture  
PO Box 5526  
Deptford, New Jersey 08096-5526

For more information:

[www.collegiumcenter.org](http://www.collegiumcenter.org)  
[contribute@collegiumcenter.org](mailto:contribute@collegiumcenter.org)

THANK YOU!