



Your **Box of Joy** may be the only Christmas gift a child receives!



Please fill out the form below and mail it — along with a donation (\$9 for each Box of Joy) — in an envelope to the following address:

**CROSS CATHOLIC OUTREACH DONATION PROCESSING CENTER
PO BOX 97168 WASHINGTON DC 20077-7798**



A \$9 donation is required and must be provided for each Box of Joy being sent. Families may submit one envelope with a consolidated donation amount if they are sending multiple Boxes of Joy or **give online at boxofjoy.org**. ** This is the preferred way to give! **

In addition to covering the shipping and handling of your Box of Joy from the Drop-Off Center to the destination country, a portion of this contribution supports the Catholic ministries serving in the child's community, enabling the ministries to have a greater impact on their lives!

Thank you and God bless you!

Please share your prayer intentions: _____

All donations will be used for the Box of Joy program. If more donations are received than needed for the Box of Joy program, the excess funds will be used to meet the most urgent needs of the ministry.

This was produced by Cross Catholic Outreach, Inc. which is recognized as a tax exempt organization under IRC § 501(c)(3). Our principal office is 2700 N. Military Trail, Suite 300, PO Box 273908, Boca Raton, FL 33427-3908, Tel: 561-392-9212. Contributions to Cross Catholic Outreach, Inc. are tax deductible for federal income tax purposes. Requests for copies of recent financial statements or other information may be directed to Compliance Officer at the address and telephone number listed above. **PRIVACY POLICY: YOUR NAME, ADDRESS AND OTHER INFORMATION IS HELD IN CONFIDENCE BY OUR MINISTRY AND WILL NEVER BE SOLD, RENTED OR GIVEN TO ANY OTHER MINISTRY OR ORGANIZATION.**



2700 N. Military Trail • Suite 300 • PO Box 273908 • Boca Raton, Florida 33427-3908
boxofjoy.org • boxofjoy@crosscatholic.org • 800-914-2420 ext. 142

Yes, I want to send Boxes of Joy! Please accept my gift of: \$_____

Please complete the following information for your gift. Checks should be made payable to **Cross Catholic Outreach**.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ **Phone:** _____

(PLEASE PRINT CLEARLY)

Credit Card Number

Exp. Date

Signature: _____

We hope you enjoy receiving ministry information and updates from Cross Catholic Outreach via email. If you do not wish to receive these email messages from us, please check this box:

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