



Cross Catholic OUTREACH

Delivering Food, Shelter and Hope to the Poorest of the Poor



Sister Seperasa works at Minga Mission Hospital in the Diocese of Chipata, Zambia. Cross Catholic Outreach donors helped provide water to the hospital and blessed many lives!

Please complete the following information when submitting your gift. This allows Cross Catholic Outreach to provide you with appropriate tax receipts. Thank you, and may God richly bless you for responding to the needs of the poor.

I would like this donation to go towards:

Most Urgent Needs **OR** Project Number: _____

Project: _____

Please share your prayer intentions:

If you identify an aid project, 100% of the proceeds will be restricted to be used for that specific project. However, if more is raised for the project than needed, funds will be redirected to other urgent needs in 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.**

Please mail your gift to:
Cross Catholic Outreach • Donation Processing Center • PO Box 97168 • Washington DC 20090-7168
CrossCatholic.org • 800-914-2420

YES! I want to help.

Please accept my one-time gift of \$ _____

I would like to support Cross Catholic Outreach with an automatic monthly donation of \$ _____ (credit card info required)

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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:

Credit Card Number

/

Exp. Date

Signature: _____

I would like to receive information on charitable gift planning options.

I have included Cross Catholic Outreach as a beneficiary in my estate plan.

A09182736450C0F05X0000000WCOAF0000