

Gift Donation Form



Donation Form by Mail/Fax

I would like to make a monetary gift donation to the Houston Family Foundation, Inc. for the following amount:

- | | | |
|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$1000 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$2000 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$____ |

BILLING INFO:

Name/s

Address 1

Address 2

City

State

Zipcode

Phone *

E-mail *

() Providing a phone number and an email will allow us to inform you of receipt and confirmation of your donation.*

Method of Payment (select one)

- | | |
|--|---|
| <input type="checkbox"/> Check/MoneyOrder ** | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Visa | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Discover | (Credit Card fax line: 1-877-850-7375) |

Credit Card No.

Expiry Date

3-Digit Verification Number: for Visa/MasterCard/Discover

4-Digit Verification Number: for American Express

Signature

*(**) Please make check/money order payable and mail to:*

Houston Family Foundation, Inc.
6124 Highway 6 North, Ste. 147
Houston, TX 77084

Thank you for your support.