

Phone: (210) 733-3349
 Fax: (210) 733-7755



1818 San Pedro
 San Antonio, Texas 78212

CHARITABLE DONATION FORM

PLEASE PRINT			<i>(Complete for Contributions of \$60+)</i>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
First Name	MI		Last Name
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
Company Name		Office / Department	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
Home Address		City	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
E-mail (required to receive e-Newsletter)		Area Code	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
		Home Telephone	

DONATION AND METHOD OF PAYMENT *(please select one of the following 6 options)*

#1: Payroll Deduction	
Amount per pay period	\$ <div style="border-bottom: 1px solid black; width: 80px;"></div>
# of pay periods	X <div style="border-bottom: 1px solid black; width: 80px;"></div>
Total Payroll Deduction Contribution	\$ <div style="border: 2px solid black; width: 80px; height: 20px;"></div>
Signature <small>(Required for Payroll Contribution)</small>	Date

#4: Auto Payment Transaction	
Amount per transaction	\$ <div style="border-bottom: 1px solid black; width: 80px;"></div>
# of transaction period(s)	X <div style="border-bottom: 1px solid black; width: 80px;"></div>
Total Auto Payment Contribution	\$ <div style="border: 2px solid black; width: 80px; height: 20px;"></div>
Routing #: 114021933 Account #: 0000888757	

#2: Credit Card	
<input type="checkbox"/> Amex	Name on Card <div style="border-bottom: 1px solid black; width: 80px;"></div>
<input type="checkbox"/> M/C	Acct # <div style="border-bottom: 1px solid black; width: 80px;"></div>
<input type="checkbox"/> VISA	Exp. Date <div style="border-bottom: 1px solid black; width: 80px;"></div>
<input type="checkbox"/> Discover	
Total Credit Card Contribution	\$ <div style="border: 2px solid black; width: 80px; height: 20px;"></div>
Billing Address (if different from above) <div style="border-bottom: 1px solid black; height: 15px;"></div>	
Billing City / Zip <div style="border-bottom: 1px solid black; height: 15px;"></div>	
Signature <small>(Required for Credit Card Contribution)</small>	Date

#5: Direct Billing (Minimum of \$25 per billing cycle)	
1 st Quarter (Jan – Feb – Mar)	\$ <div style="border-bottom: 1px solid black; width: 80px;"></div>
2 nd Quarter (Apr – May – June)	\$ <div style="border-bottom: 1px solid black; width: 80px;"></div>
3 rd Quarter (July – Aug – Sept)	\$ <div style="border-bottom: 1px solid black; width: 80px;"></div>
4 th Quarter (Oct – Nov – Dec)	\$ <div style="border-bottom: 1px solid black; width: 80px;"></div>
Total Direct Billing Contribution	\$ <div style="border: 2px solid black; width: 80px; height: 20px;"></div>
Billing Address (if different from above) <div style="border-bottom: 1px solid black; height: 15px;"></div>	
Billing City / Zip <div style="border-bottom: 1px solid black; height: 15px;"></div>	

#3: Cash	\$ <div style="border: 2px solid black; width: 80px; height: 20px;"></div>
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#6: Check	
Check # <div style="border-bottom: 1px solid black; width: 80px;"></div>	Check Date <div style="border-bottom: 1px solid black; width: 80px;"></div>
Total Check Contribution	
\$ <div style="border: 2px solid black; width: 80px; height: 20px;"></div>	

THANK YOU FOR YOUR TAX-DEDUCTIBLE CONTRIBUTION!