

# childadvocates®

2401 Portsmouth Street, Suite 210, Houston, TX 77098 713-529-1396

## General Donation Form



Date \_\_\_\_\_

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

### Level of Support

- \$1,570 one-year
- \$785 six-month
- \$390 three-months
- \$60 two-weeks
- \$30 one-week
- Other \$ \_\_\_\_\_

### Form of Payment

- Cash
- Check
- Please charge my credit card
- American Express
- MasterCard
- VISA

Account Number \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_  
*as stated on the credit card*

**Thank you for supporting Child Advocates, Inc. and the children we serve!**

*An official acknowledgement and tax donation receipt will be sent to you shortly.  
Child Advocates, Inc. is a registered 501(c)3 tax ID # 76-0111345.*