General Donation Form

DATE: _______________________

DONOR NAME: ___________________________________________________________

ADDRESS: __________________________________________________________________

CITY / STATE / ZIP: __________________________________________________________________

HOME PHONE: ___________________ WORK PHONE: _______________________

EMAIL: _______________________________________________________________________

LEVEL OF SUPPORT:
☐ $2,400 provides life-saving advocacy to a child for one year
☐ $1,200 provides life-saving advocacy to a child for six months
☐ $600 provides life-saving advocacy to a child for three months
☐ $200 provides life-saving advocacy to a child for one month
☐ $100 provides life-saving advocacy to a child for one week
☐ Other ___

FORM OF PAYMENT:
☐ Cash ☐ Check ☐ Please charge my credit card
☐ American Express ☐ MasterCard ☐ Visa

ACCOUNT NUMBER: ___________________ EXP: ______________________

SIGNATURE: __________________________________________________________________

Thank you for supporting Child Advocates and the children we serve!

Please mail this form to:
3701 Kirby Drive, Suite 400
Houston, Texas 77098

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.