

childadvocates®

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.*