

childadvocates®

General Donation Form

DATE _____

DONOR NAME* _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP* _____

PHONE NUMBER* _____

EMAIL ADDRESS* _____

**Indicates a required field.*

DONATION AMOUNT:

\$1,000 \$500 \$250 \$100 \$50

OTHER \$ _____

FORM OF PAYMENT:

CASH CHECK PLEASE CHARGE MY CREDIT CARD:

AMERICAN EXPRESS MASTERCARD VISA

CARD #: _____ - _____ - _____ - _____

EXP: ____ / ____ SECURITY CODE: _____

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.*