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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



### DIRECT DONATION FORM

Healthy Families San Angelo is a nonprofit organization dedicated to promoting positive parental relationships, enhancing family functioning, and promoting healthy child growth and development. To continue offering our services to the overburdened families of San Angelo we need your support and appreciate your generosity in making a donation to our program.

Donation Amount: \$ \_\_\_\_\_

**You will receive a receipt via mail for this tax-deductible contribution.**

#### Donor Information

First Name: \_\_\_\_\_ M.I: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Credit Card

(Please mail or fax this **completed donation form** to the address below.)

Card Type: (MasterCard, VISA, etc.): \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

Name as Shown on Card: \_\_\_\_\_

Card Number #: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Payment Method**

#### Check

( Please mail **your check and this completed donation form** to the address below.)

Check #: \_\_\_\_\_

Please make checks payable to **Healthy Families San Angelo** and include the word **“Donation”** on the Memo line of your check.

Mailing Address:

Healthy Families San Angelo  
200 South Magdalen St.  
San Angelo, TX 76903

Fax: (325) 658-6438

For donation assistance contact us by:

Phone: (325) 658-2771  
Email: [teri\\_covert\\_hfsa@msn.com](mailto:teri_covert_hfsa@msn.com)

FOR HEALTHY FAMILIES  
SAN ANGELO USE ONLY

DATE RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RECEIPT SENT:  YES  NO