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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: miki.clemens@hfsatx.com

FOR HEALTHY FAMILIES
SAN ANGELO USE ONLY

DATE RECEIVED: ____ / ____ / ____

RECEIPT SENT: YES NO