

FAMILY SERVICES OF GREATER HOUSTON

DONOR INFORMATION

Name _____
(Exactly as it should appear in published materials)

Address _____

City/State/ZIP _____

Phone _____ E-mail _____

Please contact me about planned giving. Best time to call _____

Please contact me about other ways to help. Phone _____

GIVING CATEGORIES

Family Founder..... (\$5,000 and above) Family Advocate (\$500 - \$999)

Family Benefactor..... (\$2,000 - \$4,999) Family Fellow (\$100 - \$499)

Family Sponsor..... (\$1,000 - \$1,999) Family Supporter (up to \$100)

MY GIFT TO HELP OTHERS

My gift of \$ _____ is enclosed. *Please make checks payable to Family Services.*

I prefer to make my gift of \$ _____ by Amex Visa MasterCard. _____
Expiration Date

Card Number _____ CVV Code (3 digits or more on front/back of card)

Name on Card _____ Signature _____

Billing Address (if different than address listed above) _____

I wish to make this contribution in honor of or in memory of _____

*Include the address of the family or person honored so we may send an acknowledgement naming you as the donor.
The amount of your gift is kept confidential.*

Name _____

Address _____

City/State/ZIP _____

My employer has a matching gift program. *Please enclose your company's matching gift form.*

I would like my gift to be anonymous.

For additional information call our Development Office at 713-802-7857 or visit www.familyservices.org.

Thank you for your gift to Family Services!

Please mail your gift to:
Family Services of Greater Houston
3815 Montrose Blvd, Suite 200
Houston, TX 77006