



Make a Contribution to We Care Texas

YOUR CONTACT INFO

FIRST NAME: _____ LAST NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DONATION AMOUNT

\$25 \$50 \$100 \$250 \$500 \$1000 Other: _____

Yes, I want to donate monthly! Please make this a recurring donation.
If you check this and donate by credit card, we'll automatically charge your card every month.

PAYMENT INFORMATION

VISA MASTER CARD DISCOVER AMERICAN EXPRESS I'M INCLUDING A CHECK

CREDIT CARD: _____ EXPIRATION DATE: _____ / _____

INSTRUCTIONS

**PRINT THIS FORM AND MAIL TO:
We Care Texas, P.O. Box 14449, Houston, Texas 77221**

Please make your membership donation payable to We Care Texas, a 501(c)(4) organization. The first \$10 of your gift keeps your membership status active for another year. Contributions to the nonpolitical, educational programs for We Care Texas are *tax-deductible*.

Questions? Email info@wecaretexas.org