Mail-In Donation Form

Please Print and Mail to:

Star of Hope Attn: Data Services 2575 Reed Rd., Houston, TX 77051-2216



I want to help Star of Hope provide food, shelter, clothing and Christian encouragement to those in need. Enclosed is my gift of: \$_____

| Name: | | | | | | |
|--|-------------------|--------------|---------------|------|------------------------------------|----------------------------|
| Address: | | | | | | |
| Telephone Number: Home | | | | Work | | |
| E-Mail Address: _ | | | | | | |
| Many friends have requested that we provide them with the ability to make contributions via credit card. To assist you in your credit card giving please provide the following confidential information: | | | | | | |
| Please charge my | /: □ Amer | ican Express | □ Master C | Card | □ Visa | □ Discover |
| Account Number: | | | | Exp: | | |
| Purpose of donat | ion: | | | | | |
| | ⊡General ⊡Food | | Family Develo | | er @ Cornerstone evelopment Cen | e Community® Campus ter |
| Signature | | | | Date | | |
| (FOR DEVELOPME | NT USE ONLY |) | | | | |
| Date received: | | | | | | |

2575 Reed Rd. • Houston, Texas 77051 • 713-748-0700 • www.sohmission.org



