

INSTRUCTIONS

Please print and fill out your chosen section of this form and mail to:
Abigail's Arms · PO Box 1221 · Gainesville, TX 76241



CREDIT CARD

DONATE VIA

OR

CHECK

DONATE VIA

HONOR

DONATE IN

Donor Name: _____

Donor Address: _____

Donor Email: _____

Master Card Visa Discover American Express

Cardholder Name: _____

Card Number: _____

I want to be notified via email when my card is charged.

Signature _____

Sustainer (Ongoing Monthly Gift of \$100)

Monthly Gift of \$100 Annual Gift of \$1,200

Supporter (any amount less than \$100)

Monthly One Time Gift

Amount: _____

Cardholder Zip: _____

Card Expiration: _____

Start On: _____ / _____
Month Year

Make My Gift a Memorial or Honorarium
Fill out bottom section

I authorize Abigail's Arms Cooke County Family Crisis Center to automatically bill the card listed above as specified. Any updates or changes to your credit card information, please email adavis@abigailsarms.org

Donor Name: _____

Donor Address: _____

Donor Email: _____

MAKE CHECKS PAYABLE TO: ABIGAIL'S ARMS

Sustainer (Ongoing Monthly Gift of \$100)

Monthly Gift of \$100 Annual Gift of \$1,200

Supporter (any amount less than \$100)

Monthly One Time Gift

Amount: _____

Make My Gift a Memorial or Honorarium
Fill out bottom section

In honor of In memory of

In Honor or Memory of: _____

This gift is from: _____

Send Acknowledgement card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____