Donation Form



### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone 1 | Phone 2 |  |
| Fax | Email |  |

### Pledge Information

I (we) want to donate a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Space City TLC Spring Break Enrichment Camp.

I (we) plan to make this contribution in the form of: [ ] cash [ ] check [ ] credit card

|  |  |
| --- | --- |
| Credit card type | Exp. date |  |
| Credit card number |  |
| Authorized signature |  |

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

[ ] I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature(s) |  | Date |
|  |  |  |
| Please make checks, corporate matches, or other gifts payable to: |  | Space City Tutoring and Learning Center16302 Sea Lark Rd. Suite CHouston, Tx. 77062 |