

Monthly Credit Card Donation Form



Please mail to: Star of Hope

Attn: DUJGYfj JWG
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 by a recurring gift through my credit card.

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____
Home Work

Please charge my: American Express Master Card Visa Discover

Amount: _____ Monthly Quarterly Effective: _____

Account Number: _____ Exp: _____

Purpose of donation: _____

General \$ Women & Family Development Center @ Cornerstone Community^E Campus
 Food \$ Children \$ Menis Development Center

Signature _____ Date _____

This request is being made voluntarily and at any time I may increase, decrease or cancel my donation by sending a letter to:

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

(FOR DEVELOPMENT USE ONLY)

Date received: _____ Date Cancelled: _____

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



Men's Development Center Women & Family Development Center @ Cornerstone Community¹ Campus[™]

