

# Monthly Credit Card Donation Form



Please mail to: Star of Hope

Attn: DUJGYfj JWg  
4848 Loop Central Dr., Ste. 500  
Houston, TX 77081-2356

*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<sup>E</sup> 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  
4848 Loop Central Dr., Ste. 500  
Houston, TX 77081-2356

(FOR DEVELOPMENT USE ONLY)

Date received: \_\_\_\_\_ Date Cancelled: \_\_\_\_\_

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Men's Development Center Women & Family Development Center @ Cornerstone Community<sup>1</sup> Campus<sup>™</sup>

