

Monthly Credit Card Donation Form

Please Print and Fax to: (713) 748-5941

Or mail to: **Star of Hope**
Attn: Development
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 Communitysm
 Food Children Men's 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: Development
4848 Loop Central Dr., Ste. 500
Houston, TX 77081-2356

(FOR DEVELOPMENT USE ONLY)

Date received: _____ Date Cancelled: _____



4848 Loop Central Dr., Ste. 500 • Houston, Texas 77081 • 713-748-0700 • 713-748- 5941 Fax • www.sohmission.org

Men's Development Center Women & Family Development Center @ Cornerstone Communitysm

