

DONATION FORM

When and Where I Enter, Inc.
P.O. Box 841268
Pearland, Texas 77584
Phone: (281) 485-8965 Fax: (281) 485-8965

Donor Information

Mr. Ms. Mrs. Dr. Rev. _____
Home Address: _____
Phone: (____) _____
Email Address: _____

Credit Card Billing Information

Name as it appears on Card: _____
Last First Middle Initial
Street Address: _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____

Type of Credit Card (Visa, Mastercard, American Express, e.g.): _____
Expiration Date (MM/DD/YYYY): _____

Donation Amount: \$50___ \$100___ \$500___ \$1,000___ Other \$_____

Is this a recurring donation? Yes___ No___
If so, how often would you like to contribute? Monthly___ Annually___
Other___

I authorize this card to be used for my donation.

X _____
Authorized Signature **Date**

A receipt will be mailed to you at your mailing address indicated above.

My employer's donation matching form is enclosed: Yes___ No___

Please send the completed donation form to:

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