casa
de esperanza

Giving While Living

I would like to help Casa de Esperanza give hope and a home to children in crisis by making a long-term pledge.

I commit to donate $ _____ to Casa de Esperanza every ____ month ____year

for 3 4 5 (circle one) years

Name _____

Address _____

City, State, ZIP _____

Home Phone_____

Work Phone _____

E-mail _____

____ Enclosed is my first payment to Casa de Esperanza for $ _____

____ Please charge my monthly contribution of $_____

on the _____ 5th _____20th of each month to my credit card.

____ Please make a one-time charge of my contribution of $ _____to my credit card.

___ Visa ___ MasterCard ___ American Express

Account Name: _____

Account Number: _____ Expiration Date: _____

Please sign authorization below.

Authorization:
I hereby authorize Casa de Esperanza to charge my credit card as specified above. I understand that this agreement remains in effect for the duration specified above unless I provide written notice of a change to Casa de Esperanza.

Signature _____ Date _____

____ I have enclosed a Matching Gift Form from my employer.

To make a donation, please print this form and return it to:

Casa de Esperanza
P. O. Box 66581
Houston, TX 77266-6581
or
fax to (713) 529-9179