

HOUSTON AGAPE DONATION FORM

Name _____

Address _____

City/State/Zip _____

Email _____

Phone Number _____

Enclosed is my tax-deductible gift of \$ _____

Donation Description (Check one):

Check

Cash

Credit Card (Please go to our secure website:

<https://www.houstonagapealliance.org/donations.html>)

Product/Service

Other: _____

Notes: _____

Please make checks, corporate matches, and other donations payable to:

Houston Agape Alliance

Gift will be matched by: _____

Please enclose match form

Please keep my donation confidential

