

SUSTAINER GIVING FORM

Hill Country Crisis Council, LLC strives to promote healthy individuals, healthy families and healthy communities by providing prevention, intervention and recovery services for domestic violence, sexual assault, abuse and neglect.



Thank you for assisting us in this worthwhile cause!

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

____ Check here if you would like to be added to Hill Country Crisis Council, LLC's mailing list to receive information about our organization, services and fundraising event information

I'd like to make a One-Time Gift Monthly Gift Quarterly Gift Semi-Annual Gift Annual Gift

Please process my gift on the 1st of the month 10th of the month 15th of the month

In the amount of: \$25 \$50 \$100 \$250 \$500 \$1,000
\$ _____ Other Amount (\$5.00 minimum)

Comments: _____

All donations will be applied to our General Fund.

Please transfer my donation from my:

Checking Account [Please attach a voided check]

- OR -

Credit Card Account CC Number _____ Expiration Date ____ / ____



Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.hccares.com or by contacting Hill Country Crisis Council, LLC by phone or mail. All donations provided to Hill Country Crisis Council, LLC originating as ACH transactions comply with U.S. Law.

Signature _____ Date _____

(Required)

KEEP THIS PORTION FOR YOUR RECORDS

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