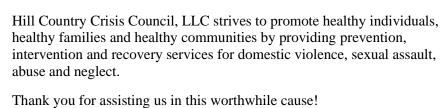
SUSTAINER GIVING FORM





Name(s)					
Address					
City			State	Zip Code	
Telephone		Email			
information about o	you would like to be added ur organization, services,	and fundraising	event information.	_	
	One-Time Gift Mon				
Please process my gift	on the1st of the month	th _	10 th of the month	15 th	of the month
In the amount of:	\$25\$5 \$Other Amoun		90\$250	\$500	\$1,000
Comments:					
•••••	All donation		our General Fund.	•••••	•••••
Enclosed is a voided	check for my donation. Please to	ransfer my gift from r	ny checking account.		
OR My credit card inform	nation is listed below for my do	nation. Please transf	er my gift from my credit	card.	MISCOVER COMMERCIONS SOURCESS
Credit Card Number:			CVV Number	Expiration	Date /
directly from my according through the online do	nation from my checking/control as stipulated above. I unation form at www.hillcound donations provided to Hill	understand that I r intrycrisiscouncil.	nay increase, decreas com or by contacting	e, or suspend my Hill Country Cri	gift at any time sis Council, LLC
Signature(Required)		Da	te		