

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.

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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.

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Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

My credit card information is listed below for my donation. Please transfer my gift from my credit card.



Credit Card Number: _____ CVV 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.hillcountrycrisiscouncil.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)

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Please make a copy of this form for your records, or you may also request a copy from:
Hill Country Crisis Council, LLC
P.O. Box 291817 • Kerrville, TX 78029 • (830) 257-7088 x25
www.hillcountrycrisiscouncil.com