

SUSTAINER GIVING FORM

Your recurring online donation is secure and flexible. Once you select Annual, Quarterly, or Monthly giving for a two year commitment, you can change or cancel your donation at any time by contacting us directly at (830) 257-7088 ext. 126 or crystn@hccares.com.



WARRIORS
FOR KIDS' ADVOCACY PLACE

CONTACT

Name(s) _____

Company _____ Title/Position _____

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.

GIFT INFORMATION

I'd like to make a: \$84 Monthly Gift \$252 Quarterly Gift \$1000 Annual Gift

Please process my gift on the: ___1st of the month ___10th of the month ___15th of the month

Comments: _____

All donations will be applied to our Warriors for Kids' Advocacy Place Fund.

PAYMENT INFORMATION

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 _____

/ _____

Yes! Please add the 3% Credit Card or \$0.25 Checking/Savings Processing Fee assessed to Hill Country Crisis Council for me.

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.

For Office Use Only
\$ _____ Processing Fee Amount (3% amount for Credit Card gifts or \$0.25 amount Checking Account gifts)
\$ _____ Total Donation Amount (required)
(Donation Amount specified above + Processing Fee Amount)

Signature _____ Date _____
(Required)

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 x 126
www.hillcountrycrisiscouncil.com