

Please print this form and mail it with your tax-deductible contribution to:

Children's Defense Fund-Texas/Laura Guerra-Cardus
4500 Bissonnet
Suite 260
Bellaire, TX 77401

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

TAX-DEDUCTIBLE DONATION:

\$100 \$50 \$75 \$25 \$15 Other \$ _____

PAYMENT INFORMATION:

Credit Card Check (made out to Children's Defense Fund-Texas)

Name on Card: _____

Type of Card: Visa MasterCard American Express Discover

Credit Card No. _____

Three-Digit Card Verification Number: _____

Expiration Date: _____

Signature: _____

E-Mail Updates

--Sign me up. My e-mail is _____

--No thanks.

Thank you so much for your support!