



Donation Form

Yes, I want to help Texana Center by making a donation!

Donor name and /or company (if a corporate gift) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Does your employer have a charitable gift match?

Please provide your company's information and we will help to arrange the paperwork!

Company Name _____ Phone _____

☐ I am enclosing my gift of \$ _____

☐ I wish to pledge a monthly credit card gift of \$ _____

Please charge my monthly gift to my credit card for _____ months or until otherwise notified.

I wish to make my donation by ☐ Visa ☐ MC ☐ AMEX ☐ Discover ☐ Check

Card Number _____ Expiration _____ / _____ CVC _____

Signature _____ Phone _____
(required for credit card charges) (required for credit card charges)

My gift is in ☐ honor of ☐ memory of _____
(Please print name)

Please notify: Name _____

Address _____

City _____ State _____ Zip _____

Optional: ☐ Please restrict my gift to the following _____
(program name)

Mail form to: **Texana Center**
Development & Community Relations Department
2330 Graeber Rd
Rosenberg, TX 77471