



## Donation Form

Yes, I'd like to support the Chaplaincy Fund, Inc.

**Donation Amount:** \$ \_\_\_\_\_

This donation is:    In memory of  
                                 In honor of  
                                 A special occasion

Enter the name or occasion: \_\_\_\_\_

If this donation is from a group or organization, please enter the name.  
\_\_\_\_\_

### To send an acknowledgement

Please send an acknowledgement to the following family or individual:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### Donor Information

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please make checks payable to The Chaplaincy Fund, Inc.

### \*Credit Card Charge Information

Circle Card Type: Master Card, Visa, American Express  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

\*Credit card information will be processed on the next business day.  
Mail form and donation to:

The Chaplaincy Fund, Inc.  
P.O. Box 691284  
Houston, TX 77269-1284