

DONATION FORM



512-340-7313
www.championshipheartsfoundation.org

Mail your tax-deductible gift to:

*Championship Hearts Foundation
9442 Capital of Texas Highway, North
Arboretum Plaza One, Suite 500
Austin, Texas 78759*

My Name: _____

Address: _____

City: _____, State: _____ ZIP: _____

Email: _____

Day Phone: _____

Enclosed is my donation of:

\$25 \$50 \$100 Other: \$ _____

Optional Payment Plan: *Please bill me \$ _____ monthly for _____ # months on my VISA or MasterCard (minimum \$25 charge)*

Card # _____ Expires: _____ (month/year)

Signature: _____

Please make checks payable to Championship Hearts Foundation.

My Donation is in Honor Of: _____

Special Acknowledgement:

Birthday To Honor Tribute/ In memory of Other: _____

Please send acknowledgement card to:

Name: _____

Address: _____

City: _____, State: _____ ZIP: _____

Message on the card: _____

How you would like card signed: _____

All contributions are tax deductible.