



Printable Donation Form

MAIL COMPLETED FORM TO: PO BOX 300025 • Houston, TX 77230

Donation amount: \$ _____ Monthly One-time

BILLING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Donate by check: Please make check payable to BSLS, Inc. or Big Sister Little Sister Mentoring Program. Mail check and this form to PO Box 300025 Houston, TX 77230

Donate by credit card: Please charge my credit card with my contribution of \$ _____ (All amounts will be charged in USD)

Select card type:  American Express  Discover  MasterCard  VISA Visa

Card Number:

Exp. Date (MMYY):

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Cardholder's Name: _____

Authorizing Signature: _____

ARE YOU DEDICATING THIS DONATION?

No, I am not dedicating this donation.

Yes, my donation is in honor of _____

Yes, my donation is in memory of _____

Would you like Big Sister Little Sister to send a card to someone as notification of your honor or memorial donation? Your gift amount will not be included in the card.

No, do not send a card.

Yes, send a card to:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

I WANT TO SUPPORT

Where It Is Needed Most: Support all of the urgent organizational needs of the Big Sister Little Sister Mentoring Program.

Other*(please specify): _____

Please also indicate the name of the specific cause on the memo line of your check. (for example, "STEAM Program or Scholarships")

* If the Big Sister Little Sister (BSLS) is not raising funds for the specific cause you have indicated and/or donations exceed BSLS expenses for that cause, your gift will be applied to Where It Is Needed Most.

Thank you for your support. Please mail this completed form to: Big Sister Little Sister Mentoring Program | PO Box 300025 | Houston, TX 77230