



DONOR FORM
(PLEASE PRINT CLEARLY)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____

EMAIL: _____ @ _____

AMOUNT OF CONTRIBUTION: \$25 \$50 \$75 \$100 \$250 \$500 \$1000 OTHER: \$ _____

IF PAYING BY CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD #: _____ EXP _____ CVV (ON BACK): _____

I PREFER MY CONTRIBUTION BE ALLOCATED TO (IF UNMARKED DONATION WILL GO TO GENERAL OPERATING FUND):

ADULT AND PEDIATRIC OUTPATIENT PROGRAM

CAPITAL FUND

ENDOWMENT FUND

FINANCIAL ASSISTANCE PROGRAM

GENERAL OPERATING FUND

OPPORTUNITY CENTER PROGRAM

PATSY'S DESTINY WHEELCHAIR ACCESSIBLE NATURE TRAIL AND PLAYGROUND

Please print this form and mail your contribution to:

Bay Area Rehabilitation Center
Attn: Donations
5313 Decker Drive
Baytown, Texas 77520