



Donation

Individual Giving Program

Yes! I/We want to support Lone Star Circle of Care by pledging

\$ _____

This is a one-time gift.

This is a 1-year pledge that I/we will pay:

- monthly
- quarterly

Lone Star Circle of Care is a 501(c)(3) nonprofit organization under the regulations of the Internal Revenue Service. All contributions are tax-deductible to the extent provided by law.

Name: _____

Address: _____

City, Zip: _____

Phone: _____

E-mail: _____

Amount enclosed: _____

Method of payment:

- Cash
- Check *(payable to Lone Star Circle of Care)*
- Credit card

Type (circle one): Visa Master Card
 American Express Discover

Please charge the following amount: _____

Card Number _____

3-digit Security Code: _____

Expiration Date: _____

Signature: _____

Please mail this completed form and your payment to:

Katey Brown
 Lone Star Circle of Care
 1500 W. University Ave., Suite 108
 Georgetown, TX 78628

If you have questions or would like to make a donation over the phone, please call:

Katey Brown
 512-686-0207, ext. 10170