

SUSTAINABLE DONOR PROGRAM

Name

Address

City

State

Zip

Home Phone Number

Email

I / We want to help support the H Group.

DONATION AMOUNT _____

COMMITMENT (circle one) one time monthly quarterly yearly

___ Please charge my ___ Visa ___ Mastercard

Credit Card # _____ Expiration Date _____

CSC Verification # _____

I would like to earmark this donation to a specific program. _____

Please make your checks payable to:

The H Group
902 West Main Street
West Frankfort, IL 62896
p: 618.937.6483 ext. 7109

If you would like to make an online donation, please visit:
www.buildingbettertomorrows.org

