

Donor Form



*Connecting our Special Needs Community to Resources
&
Mentoring Young Athletes*

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:

___ now ___ monthly ___ quarterly ___ yearly

I (we) plan to make this contribution in the form of:

___ cash ___ check ___ other

Gift will be matched by _____ (company/family/foundation).

___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the pledge amount for the purpose of:

___ General Donation
___ Trevor Cobb's Helping Hands Community programs
___ Sports Camp Scholarship program
___ Mentoring program
___ Other (please explain)

Please use the following name(s) in all acknowledgements:

--

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

**Trevor Cobb's Helping Hands
1721 Cheston Drive, Houston, Texas 77029**