



# Donation Form

Date: \_\_\_\_\_

**Contributor Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Enclosed is my gift in the amount of: \$ \_\_\_\_\_**

*Please make checks payable to **Rockport-Fulton Good Samaritans, Inc.***

- This gift is given:
- As an unrestricted gift
  - As a contribution to Kid Care
  - As a contribution to Christmas Baskets

If this donation is a gift or memorial:

- (please choose one)
- In Memory of: \_\_\_\_\_
  - In Honor of: \_\_\_\_\_

Please send a notification to person listed below.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- I would like more information about Good Samaritans.
- I would like to be called about volunteering.
- I would like a speaker for my club or organization.

Group name: \_\_\_\_\_

Group contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return this form to:

*Rockport-Fulton Good Samaritans, Inc., 507 South Ann Street, Rockport, Texas 78382*

**Thank you for your contribution.**

**All contributions are tax deductible to the extent permitted by law.**

**EIN#: 742592626**