

Yes, I would like to be a Faithful Friend. Please charge my
Credit Card or Checking Account each month for \$_____.

I choose to be billed monthly

I have included my Check or Credit Card information to be
charged each month on this day _____.

Yes, I would like to make a one time donation for the amount
of \$_____.

I have included my check or credit card for the full amount of my gift

Make my gift by Credit Card. My Credit Card: Visa MasterCard American Express Discover

Name on card (Please Print) _____

Card Number _____ Exp. ____/____ 3-digit security code _____

Address _____ City _____ State _____ Zip Code _____

Email address _____ Phone _____

Signature _____

Make my monthly gift by check. Account # _____ Routing # _____

Name on Check (Please Print) _____

Address _____ City _____ State _____ Zip Code _____

Please call me at _____ so that I can learn more about EAC and Faithful Friends. I would like to know how a monthly

Faithful Friends help support hungry Houston families.

\$15 per month will help provide food for a family.

\$25 per month will help provide food and clothing for a family.

\$50 per month will help provide food and clothing for 2 families.

\$100 per month will help provide food and clothing for 4 families.



"Who n ds a faithful friend, nds a treasure"



Emergency Aid Coalition
5401 Fannin
Houston, TX 77004

For information about donations please contact:

Jean West Evans, Executive Director
jwestevans@eachouston.org
713-522-5903