DONATION FORM

Name:		
Organization:		
Address:		
City:	State:	ZIP:
Email:	Phone:	
Donation amount:		
Purpose of donation:		
PAYMENT INFORMATIO	N	
	nvoice from the Chinese Comi date:	munity Center. Please send an invoice so
☐ Check (made payable to C	chinese Community Center)	
🗖 Credit Card: 🗖 VISA 🗖 An	nerican Express 🗖 MasterCar	rd 🗖 Discover
Card number:	Exp. Date:	CVV (Security code):
Name on Card:		Billing ZIP code:
Signature:		
	n this form to: For cred	dit card payments:

For checks, mail along with this form to Chinese Community Center Attn: John Stuart 9800 Town Park Drive Houston, TX 77036

- Fax this form to (713) 271-3713,
- Email to john@ccchouston.org, or
- Mail to the address listed above.

If you have any questions, contact **John Stuart**, Senior Grant Manager, at **(713) 271-6100 Ext. 102** or **john@ccchouston.org**.