



HHHS BUILDING CONTRIBUTION FORM

Donor's Information (Please print)

Donor name: _____
(If company—include "Attn to" information)

Address: _____

City/State: _____ **Zip Code:** _____

Phone (daytime): (____) _____ **Email:** _____

Total Amount: \$ _____

Gift to be given in full through contributions made: Weekly Monthly Annually

If amount is \$125 or over, is amount for a brick? Yes No

Brick Options

\$125 4 X 8
Up to 2 lines maximum
14 characters per line

\$250 8 X 8
Up to 2 lines maximum
14 characters per line

Payment Information

Everyone who pledged an amount will receive a receipt from HHHS once payment is made. Contributions are tax-deductible.

Payment Options (circle one):

Cash Check Credit Card

Credit Card type (circle one):

Visa Mastercard Discover American Express

Card #:

Exp. Date: ____ / ____

Note: If billing address of credit card is different from home address, please include billing address below:
Street Address: _____
City/State: _____ Zip Code: _____

Cardholder's Signature _____

HHHS Representative: