

Donation Form

Abrazos Family Support Services

Donor Information (please print or type)

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

Donation 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:

___ check ___ credit card (go to www.AbrazosNM.org) ___ cash (contact us at the number below)

How did you hear about us?

___ website ___ e-mail ___ mailer ___ event ___ friend or family member _____ other/specify

Acknowledgement Information

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

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

Signature(s)
Date

Please make checks payable to:

Abrazos Family Support Services

Mail donations to:
Abrazos Family Support Services
PO Box 788
Bernalillo, NM 87004

Thank you for your donation. A receipt will be provided for your records.
If you have questions, please contact us at (505) 867-3396.