

If you would like to make a donation by credit card or by check please print this form and mail it to:

KATY ARTreach
Non-Profit Arts and Educational Outreach
4211 Stonecroft Circle
Katy, Texas 77450

YOUR CONTACT INFORMATION

First Name _____ Last
Name _____

Title _____
Organization _____

Street
Address _____

City _____ ST _____ ZIP _____

Phone _____ email _____

YOUR DONATION

Amount \$ _____

Select Donation Designation

- 1 Children at Risk- independent school districts/Katy ISD KEYS/Safe and Drug Free Schools and Communities Program
- 2 Troubled Youth- Foster Care/Residential Treatment/Juvenile Detention Center
- 3 Victims of Crime- KCM Domestic Abuse Center/Women's Shelter/Sexual Assault Center
- 4 Disabled Adults-ARC of Katy/Brookwood
- 5 Children with Special Needs- PPCD/Life Skills
- 6 Elderly- Alzheimer's patients/medical care facilities/senior and assisted living communities
- 7 Katy ARTreach- serving Katy and Katy ISD area/Harris, Fort Bend and Waller County areas
- 8 Fort Bend ARTreach- serving children and adults in greater Fort Bend County Richmond/Sugar Land area
- 9 Houston ARTreach- serving children and adults in greater Houston area
- 10 General Operating
- 11 Where it is needed most

In Memory or Honor of

First Name _____ Last
Name _____

SEND ACKNOWLEDGEMENT CARD TO:

First Name _____ Last
Name _____

Street
Address _____

City _____ State _____ zip _____

Message on
Card _____

PAYMENT INFORMATION- Check # _____ Amount\$ _____

**MasterCard accepted-
_____**

Expiration- month _____ year _____

Signature _____ date _____
