



DONATION

Kindly donated by:

Name: _____

Address: _____

Telephone Number: _____

Donation Amount: \$ _____

Method of payment: CREDIT CARD/ CASH/ CHECK

Credit card number: _____

Exp. Date: _____ **3 Digit Security Code:** _____

HHHA

P.O. BOX 21790

Hilton Head Island, SC 29925

PHONE NUMBER (843)681-8686