



GIVE BY FAX

PLEASE COMPLETE THIS FORM AND FAX TO 325-649-8922.

NAME _____

ADDRESS _____

()

HOME PHONE _____

CITY _____

()

BUSINESS PHONE _____

STATE _____

ZIP _____

COUNTRY _____

E-MAIL _____

Is this a change of address? Yes No

My employer will match this gift. Yes No

Purpose of gift: _____

Pledge: My intention is to give \$500 \$5,000 \$25,000 or \$_____ by _____ (date).

I authorize HPU to automatically charge my gift in the amount of \$_____ to my credit card:

VISA MasterCard American Express Discover

CARD NO. _____

EXP. DATE _____

NAME ON CARD _____

SIGNATURE _____

Call me at home phone listed above or business phone listed above for credit card information.

Please send information for making contributions by bank draft.

This gift is in honor or in memory of _____

Person to notify:

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

I am interested in receiving information about including HPU in my estate planning.

Do you have updates you would like to share with us? Send us a note today.

