



MAIL IN CONTRIBUTION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- One-Time Donation - Let me help now! I am enclosed the following amount:  
 \$25.00     \$50.00     \$75.00     \$100.00     Other Amount \$ \_\_\_\_\_

OR

- Monthly, recurring donation with credit card – Let me keep helping! I am committing the following monthly amount:    \$ \_\_\_\_\_

*Attach check, or complete credit card information below:*

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ \*3 digit CIN \_\_\_\_\_

\_\_\_\_\_  
Signature

*Thank you so much for helping our children!!*

Please send to:

Happy Hands Education Center  
8801 S. Garnett Road  
Broken Arrow, OK 74012  
918-893-4800

*All gifts are tax deductible. A receipt for all contributions will be mailed to the address provided.*

*\*3 digit Card Identification Number is a security code found on the back of your credit card to protect you against fraudulent use.*