



HDCMS Donation Form

Please fill out this form in order to become a supporter of HDCMS. Please return this form to HDCMS.

First Name: _____ Last Name: _____

Business, Organization: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Email: _____

You may donate by check or credit card. If you would like to donate by credit card please fill out the following information:

Credit Card Number: _____

Expiration Date: _____

Signature: _____

If paying by credit card you may break up your annual donation:

Please Circle the Frequency of your credit card donation:

ANNUAL

BI-ANNUAL

QUARTERLY

Please Check the Appropriate Box that corresponds with your personal donor level:

- | | | |
|--------------------------|----------------------------------------|---------|
| <input type="checkbox"/> | Platinum | \$5,000 |
| <input type="checkbox"/> | Gold | \$2,500 |
| <input type="checkbox"/> | Silver | \$1,000 |
| <input type="checkbox"/> | Business, Property Owner, Organization | \$250 |

Thank you very much for your generous financial support. Our continued success depends upon you.

You will be receiving a donation receipt letter in the near future.