



Contributor Information:

Name: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Enclosed is my gift in the amount of: \$ _____

*Please make checks payable to **Rockport-Fulton Good Samaritans, Inc.***

- This gift is given: As an unrestricted gift
 As a contribution to Kid Care
 As a contribution to Christmas Baskets

If this donation is a gift or memorial:

(please choose one) In Memory of: _____

In Honor of: _____

Please send a notification to person listed below.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- I would like more information about Good Samaritans.
 I would like to be called about volunteering.
 I would like a speaker for my club or organization.

Group name: _____

Group contact person: _____ Phone: _____

Please return this form to:

Rockport-Fulton Good Samaritans, Inc., 507 South Ann Street, Rockport, Texas 78382

Thank you for your contribution.

All contributions are tax deductible to the extent permitted by law.

EIN#: 742592626