



Rockport-Fulton Good Samaritans, Inc.

Donation Form

Date: _____

Contributor Information:

Name: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

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
- A contribution to Kid Care
- A contribution to the Christmas Dinner Shopping Spree

If this donation is a gift in honor or memorial, please indicate below:

In Memory of: _____

In Honor of: _____

Please send a notification as shown below.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- I would like more information about Good Samaritans.
- I am interested in volunteering.
- I would like to schedule a speaker for my club or organization.

Group name: _____

Group contact person: _____ Phone: _____

Please send this form to:

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

Thank you for your contribution.

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

EIN#: 742592626