

Hallsville ISD Backpack For Kids Project Child Sponsorship Form

Donor's Name:					
Address:		City:		State:	Zip:
Phone:				Extension:	
Number of Children to Sponsor:			X \$200/child	Total Gift:	
Payment Method:	Money Order (mail)	Personal Check (mail)	Credit Card (below)	HISD Payroll Deduction (below)	Online (QR code below)

Optional: Mail checks/money orders:	Optional: Donate Online
Diane Hicks Hallsville ISD Special Programs P.O. Box 810 Hallsville, TX 75650	

Optional: Credit Card			
Visa Mastercard Discover American Express			
Card #:	Exp. Date:	CVV #:	
Print name (as it appears on card)			
Signature of Card holder:			

Optional: HISD Payroll Deduction		
One Time Deduction	Monthly Deduction	
Total Amount:	Monthly Amount:	# of Months:
Phone/Extension:	Signature:	

Optional: Gift "In Honor" or "In Memory"			
Donation Made "In Honor" of:			
Donation Made "In Memory" of:			
Please send an acknowledgement card (without amount disclosed) to:			
Name:			
Address:	City:	State:	Zip:

For Questions or Additional Information call: 903-668-5990 ext. 5019 (Diane Hicks)