

# DONATING TO SHAPING DESTINY

## Donor Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

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

City : \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

## Card Information

Credit Card Number: \_\_\_\_\_

Card Code (3 digit number on back of card) \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Credit Card Type: \_\_\_\_\_  
(Visa, MasterCard, Discover)

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

## Comments/Prayer Request (Optional):

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## Mail Form to:

**Shaping Destiny**  
**P.O. Box 722006**  
**Houston, TX 77272**