



ASSISTANCE CENTER OF COLLIN COUNTY DONATION FORM

Name:

Address:

City, State Zip:

Email:

Phone:

**Amount Enclosed OR
Amount to be Charged:**

VISA/MC or AMEX #:

Expiration Date:

Name on Card:

Card Signature:

Mail to:

Assistance Center of Collin County
900 East 18th Street
Plano, TX 75074