



## **ASSISTANCE CENTER OF COLLIN COUNTY DONATION FORM**

**Name:**

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**Address:**

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**City, State Zip:**

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**Email:**

**Phone:**

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

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**VISA/MC or AMEX #:**

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**Expiration Date:**

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**Name on Card:**

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**Card Signature:**

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**Mail to:**

Assistance Center of Collin County  
900 East 18<sup>th</sup> Street  
Plano, TX 75074