



Mail-In Donation Form

DONATION INFORMATION: Please PRINT clearly and fill out completely.

Donation Amount: __\$100 __\$250 __\$500 __\$750 __\$1,000 __Other Amount: \$_____

☐ One Time Gift

☐ Make a monthly gift and become a hunger hero

Your monthly gift via credit card provides steady support for hungry children in Houston.

First Name*: _____ Last Name*: _____

Address*: _____ Apt: _____

City*: _____ State*: _____ Zip*: _____

Phone Number: _____ Email: _____

☐ Yes, I would like to receive email from Kids' Meals Inc.

Payment Information

☐ I have enclosed a check payable to Kids' Meals Inc. ☐ My credit card information is below

Please circle one: MasterCard Visa American Express Discover

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Tribute Information

This gift is in ☐ honor or ☐ memory of: _____

☐ This gift is for the Building Hope Capital Campaign

Please send acknowledgment to:

Name: _____

Address*: _____ Apt: _____

City*: _____ State*: _____ Zip*: _____ Country: _____

Email: _____

Please mail your gift with this completed form to:

Kids' Meals Inc.
330 Garden Oaks Blvd.
Houston, TX 77018

Questions or comments? Please call 713-695-5437 or email info@kidsmealsinc.org