Donor ID:		Donation Form No	o.: DL	F	1700 First C	MAIL TO: nitarian Assista olony Blvd., Su r Land, TX 7747	ite 300
If NEW donor, plea	se check	JK Code:		fo	ocususa@fa	E-MAIL: ocushumanito	arian.org
Donor Name / Company							
Spouse Name							
Address							
City, State, Zip							
Phone Number							
E-Mail							
Please Choose	ONE:						
OPTION 1:		ongoing FOCUSSTAR do	1)	// Month and Ye		cancel.	
OPTION 2:	I wish to be a FC	DCUSSTAR donor startin	9 / (Month and Ye	unt ear)	il / (Month and	d Year)	
Amount:	\$	Monthly	Quarterly	Annu	ally		
I (We) hereby requi to be made by me checks (electronic Assistance. I (we) of and personally by	est Focus Humani (us) monthly/qua ally) to its own ord agree that your rig me (us). This autho	w, and attach a voided of tarian Assistance (through rterly/annually, pursuant der on my (our) account(sights in regard to each such the price of the protected on honor	n its designated to my (our) payn by, and payable ch check shall be until revoked in v	bank), to onent plan he to, the ore the same writing and	collect the am nighlighted ab der of the For as if the chec	oove by drawing cus Humanitarion ck were drawn o	g an on you
		check be dishonored, who iability whatsoever.	ether with or with	out cause	, and whethe	r unintentionally	/ or
Bank Account No.						Checking	Savings
Routing No.			Bank Name:				
Signature of Donor(s) for Option 1 & 2:							
OPTION 3:		ne-time donation in the				_	

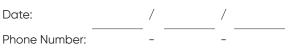
I/We understand that these donations will be used for charitable purposes in accordance with the mandates of Focus Humanitarian Assistance USA and with the approval of the Board of Directors.

Company Check

Donor's Signature: Date: Volunteer's printed Name: Volunteer's Signature:

Personal Check

Check/Money Order Number: _



Date:

Money Order

Date on Check:_



Method: