

Donor ID: \_\_\_\_\_ If NEW donor, please check

Region: \_\_\_\_\_ JK Code: \_\_\_\_\_

**MAIL TO:**  
Focus Humanitarian Assistance USA,  
1700 First Colony Blvd,  
Suite 300, Sugar Land, TX 77479

**E-MAIL:**  
focususa@focushumanitarian.org

Donor Name / Company

Spouse Name

Address

City, State, Zip

Phone Number

E-Mail

**Please Choose ONE:**

**OPTION 1:** I wish to be an ongoing FOCUSSTAR donor starting \_\_\_\_\_/\_\_\_\_ until I cancel.  
(Month and Year)

**OPTION 2:** I wish to be a FOCUSSTAR donor starting \_\_\_\_\_/\_\_\_\_ until \_\_\_\_\_/\_\_\_\_  
(Month and Year) (Month and Year)

**Amount:** \$\_\_\_\_\_  Monthly  Quarterly  Annually

**For options 1 and 2 please sign below, and attach a voided check or deposit slip to this form.**

I (We) hereby request Focus Humanitarian Assistance (through its designated bank), to collect the amount of remittance to be made by me (us) monthly/quarterly/annually, pursuant to my (our) payment plan highlighted above by drawing checks (electronically) to its own order on my (our) account(s) by, and payable to, the order of the Focus Humanitarian Assistance. I (we) agree that your rights in regard to each such check shall be the same as if the check were drawn on you and personally by me (us). This authority is to remain in effect until revoked in writing and until you actually receive such notice, I (we) agree that you shall be fully protected on honoring any such check.

I (we) further agree that if any such check be dishonored, whether with or without cause, and whether unintentionally or inadvertently you shall be under no liability whatsoever.

**Bank Account No.**   Checkings  Savings

**Routing No.**  **Bank Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Donor(s) for Option 1 & 2

**OPTION 3:** I wish to make a one-time donation in the amount of \$\_\_\_\_\_

**Payment Method:**  Personal Check  Company Check  Money Order

Check/Money Order Number: \_\_\_\_\_ Date on Check: \_\_\_\_\_

**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.**

Donor's Signature: \_\_\_\_\_

Volunteer's printed Name: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Over 25 years of building disaster resilience