



Charitable Donation / Trip Payment Form

NAME _____ PHONE _____

ADDRESS _____

I would like my donation applied toward :

Trip Payment Amount \$ _____

Donation Amount \$ _____

Trip Payment for Additional Person Amount \$ _____

NAME(s) _____

Make donations/payments payable to:
HIMM
4209 N Conway Ave., Ste. B1-1
Palmhurst, TX 78573