



# HORIZONS COMMUNITY SOLUTIONS

## Consider a Recurring Gift!

Your support of even a few dollars a month can make a difference to the residents of our 32 counties.

*Use the form below or visit [www.horizonscommunity.org](http://www.horizonscommunity.org) to give monthly, annually, etc.*

*To return via mail: Horizons Community Solutions  
810 13th Ave, Suite 105, Albany, GA 31701*

### Support Horizons Community Solutions

Contact lists and donor information will never be shared or sold.

\_\_\_ Enclosing a check for \$ \_\_\_\_\_, payable to: **Horizons Community Solutions**

\_\_\_ Please make a **one-time** charge for \$ \_\_\_\_\_ to my credit card.

\_\_\_ Please make a **monthly** charge for **12** months on the (circle one) **1st / 15th** of the month for \$ \_\_\_\_\_ to my (circle one) **credit card/ checking /savings**.

\_\_\_ Automatically renew my payments until I call to cancel.

\_\_\_ Do not automatically renew. End withdrawals after 12 months.

Account Holder's Signature \_\_\_\_\_

Date \_\_\_\_\_

*By signing your name you are authorizing this transaction to be charged to the card above.*

Name (as appears on account) \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address (as appears on account) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Credit Card number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_

\* NOTE: Information will be shredded after input.

In Honor/Memory of: \_\_\_\_\_

(circle one)

Acknowledgement to: \_\_\_\_\_

Address: \_\_\_\_\_