



Donation Form

Name _____

Address _____

City / State / Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Enclosed is my tax-deductible gift of \$ _____

I would like my donation to be applied as follows:

- General (general operating fund)
 Food Pantry (restricted for the Food Pantry)
 Medical (restricted for Medical assistance)
 Programs (restricted for Program expenses)

Please keep my donation confidential

Please make checks, corporate matches, and other donations payable to:

Doyle Community Center
110 W. Barnett Street
Kerrville, TX 78028

Thank you in advance for your gift!