



Donor ID: _____

Donation Form No.: DL

Region: _____

If NEW donor, please check

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. _____ **Checking** **Savings**

Routing No. _____ **Bank Name:** _____

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

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

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: _____

Date: ____ / ____ / ____

Volunteer's printed Name: _____

Phone Number: ____ - ____ - ____

Volunteer's Signature: _____

Date: ____ / ____ / ____



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ASSISTANCE
USA

FOCUS
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30 Years
Saving Lives & Reducing Suffering