



P.O. Box 1064 Leander, TX 78646
512-259-0360 Main
512-259-2339 FAX
www.hccm.org

Yes, I want to become a *Friend of HCCM*.

I want to donate by personal check. I plan to donate

\$_____

monthly quarterly annually (check one)

Name_____

Address_____

City_____

State _____

ZIP _____

Phone Number _____

E-mail _____

Church attending

(optional)_____

_____ Yes, I would like more information about volunteering

_____ Yes, I currently volunteer!