

**Garden Oaks Constable Program Contributor Application and Contact Information**

*Please print or write legibly • All information is held strictly confidential • Mail completed applications to Garden Oaks Constable Program, P.O. Box 10273, Houston, TX 77206 by December 1, 2004*

CONTACT INFORMATION

MEMBER 1 (M1): \_\_\_\_\_

MEMBER 2 (M2): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PH: \_\_\_\_\_

M1 EMAIL: \_\_\_\_\_ M2 E-MAIL: \_\_\_\_\_

M1 WORK PH: \_\_\_\_\_ M2 WORK PH: \_\_\_\_\_

M1 CELL PH: \_\_\_\_\_ M2 CELL PH: \_\_\_\_\_

IN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_

HOME PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_ CELL PH: \_\_\_\_\_

IN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_

HOME PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_ CELL PH: \_\_\_\_\_

PAYMENT OPTIONS \* Credit Card Option Available Contact Terry Jeanes 713-812-9154

Enclosed please find my/our check for \$140.(Please make checks payable to Garden Oaks Civic Club)

I/We cannot contribute \$140 now; however, enclosed please find my/our check for \$\_\_\_\_\_.

I/We will participate via bank draft. (Please complete DRAFT AUTHORIZATION FORM below.)

*Many of our neighbors live on limited, fixed incomes. Are you willing to adopt a neighbor?*

Yes! Please accept my additional gift of \$\_\_\_\_\_ for the year (enclosed) OR \$\_\_\_\_\_ per month (bank draft option only).

**DRAFT AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize **Sterling Bank** to begin Direct Debiting of my

Bank Account Number \_\_\_\_\_ at \_\_\_\_\_ Bank

and Bank Routing Number \_\_\_\_\_ for my participation.

This monthly authorization remains in effect until written notice is given to the **Constable Chair of the Garden Oaks Civic Club**. If any changes occur to my bank account, I will promptly notify the **Constable Chair of the Garden Oaks Civic Club** so that my Constable Program dues can be directly debited from the correct account.

- Please take \$15 out of my account monthly for the Garden Oaks Constable Patrol Program.
- This authorization includes a debit for an additional \$\_\_\_\_\_ monthly gift to the program.
- This authorization includes permission for a \$15 cancellation fee.

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

**Attach voided check and mail to: Garden Oaks Constable Program, P.O. Box 10273, Houston, TX 77206.**