

Friends of OUTstanding Membership

<i>Name</i>	<i>Phone</i>
<i>Address</i>	<i>Email</i>
<i>City</i>	<i>State & Zip</i>

_ *I am happy to contribute but do not wish to be acknowledged.*

_ <i>\$10/mo</i>	_ <i>\$25/mo</i>	_ <i>youth</i>	_ <i>\$40/mo</i>	_ <i>\$50/mo</i>	_ <i>\$100/mo</i>
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_ *I would like to offer a one time gift on my credit card account \$_____.*

Credit Card # _____

Exp. Date _____

_ *I would like my monthly gift drafted on my account \$_____ each month.*

(Voided check attached)

Route # _____

Acct # _____

<i>We are grateful for your support!</i>	<i>Signature</i> _____
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Mail to or bring by :

OUTstanding Amarillo
616 S Harrison
Amarillo, TX 79101