



Bay Area Turning Point, Inc.

I want to provide Shelter for a woman and two children.

____ One Night ____ One Week
____ Two Weeks ____ One Month
____ Two Months ____ Other \$ _____

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Check Number _____ payable to BATP enclosed.

Please charge my credit card as listed below:

Visa Mastercard Please charge my account...

Once Monthly Quarterly Annually

Card Number: _____

Expiration Date: _____

Please call or mail me as a reminder.

Please call me to discuss other ways I can help.

Please call me to discuss volunteer opportunities.

May we list your name in our newsletter? _____

THANK YOU FOR HELPING TO SAVE & CHANGE LIVES!

100% of this gift is tax deductible. An acknowledgement of your generosity will be mailed to you.

Making a difference in the Greater Bay Area since 1991.

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