

**TEX HY-PAC FUNDRAISER
2013 - 2014**



NAME: _____ **COMPONENT: GHDHS**

ADDRESS: _____

CITY, ZIP: _____

PHONE: _____ **EMAIL:** _____

AMOUNT: \$ _____

METHOD OF PAYMENT: ___ CASH ___ CHECK ___ CC ___

MC/VISA # _____ **EXP:** _____

SIGNATURE: _____

Make checks payable to: GHDHS

Send to:

**Tex HyPAC
c/o Denise Frank
7006 Lake Mead Blvd
Arlington, TX 76016**

or

**Tex HyPAC
c/o Joy Putnam
16511 Chalmette Park St
Cypress, TX 77429**

(Your information will be shredded)