

2009

**Garden Oaks Constable Program  
Contributor Application & 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.*

**CONTACT INFORMATION**                      \_\_\_\_\_ **NEW**    or    \_\_\_\_\_ **RENEWAL**                      (INVOICE MAILER)

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**

Enclosed find my payment for 2009 of \$180. (Make checks payable to Garden Oaks Civic Club)

I/We cannot contribute \$180 now; however, enclosed please find my/our check for \$\_\_\_\_\_.

I/We will participate via bank draft. (Complete DRAFT AUTHORIZATION FORM below only if NEW)

***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 **Chase 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 & mail to Garden Oaks Constable Program PO Box 10273 Houston Tx 77206**