



I would like to support Solar San Antonio with a contribution of:

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$1000 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$2000 |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> Other _____ |

- Check enclosed, payable to **Solar San Antonio**.
 Please charge my credit card.

Contact Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Credit Card Information

Name as it appears on card: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Billing Information

(If different from your contact information)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Please return this form to:

Solar San Antonio
118 Broadway, Suite 621
San Antonio, Texas 78205

Fax: 210-354-3422

¡Viva el sol!