

**PLEASE SEND ME INFORMATION ABOUT THE FIFTH WARD ENRICHMENT PROGRAM, INC.**

**Please fill out the following form:**

Check all that apply!

I would like more information on:                      Program                      Volunteer                      Parenting                      Program  
   Components                      Opportunities                      Education                      Sponsorships

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

↑ No Hyphen {-} or parenthesis {( )} needed. ↑

I have enclosed a contribution of \$ \_\_\_\_\_.

I have enclosed an annual subscription fee of \$30.00.

Make checks payable to:

Fifth Ward Enrichment Program, Inc.  
4014 Market St. Suite 105  
Houston, Texas 77020  
713-229-8353 Office  
713-229-8311 Fax  
[fwep@fwepinc.org](mailto:fwep@fwepinc.org) E-mail  
[www.fwepinc.org](http://www.fwepinc.org) Website



Submit Form via:

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