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 Components ☐ Volunteer Opportunities ☐ Parenting Education ☐ Program 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 E-mail
www.fwepinc.org Website

Submit Form via:

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