



Heart of Houston
ANNUAL
AWARDS LUNCHEON

Name: _____

Organization: _____

Address: _____

Telephone: _____ **Zip:** _____

E-mail: _____

- I would like to make a contribution. Enclosed is my contribution of \$_____.
- My company has a matching gifts program.
- I would like to volunteer or mentor (please circle preference).
- I would like to be placed on the FWEP mailing list.
- I would like to join the FWEP Heart of Houston Council (five-year commitment of \$500 per year).

The Fifth Ward Enrichment Program is a 501 (c)(3) non-profit organization.

