

Enriching The Lives of Others

Heights Massage & Day Spa is dedicated to making a positive difference in the lives of others through Charitable giving in the areas of community, health and human services, culture and education. In keeping with such mission, the company is committed to the maintenance of high standards of ethical conduct and to operation within the letter and spirit of the law.

Giving Guidelines

The Company budgets generously for charitable contributions and we carefully allocate these precious resources to positively impact the greatest number possible. As such, the following guidelines were established to help focus our resources.

Charitable requests must:

- Be submitted in writing a minimum of 60 days in advance (see address below)
- Include a complete synopsis of the project to be funded
- Include 501c3 non-profit organization tax ID number.
- Be located in the surrounding area
- Be in our of our areas of giving: Community, Health & Human Services, Culture, Education

We are unable to act favorably on any request:

- For an individual endeavor
- For programs outside of our surrounding area
- For programs that discriminate for any reason, including race, color, creed, religion, age, sex or national origin
- Donation requests with less than 60 days in advance submission

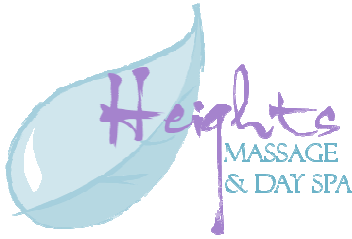
Donation Requests:

If you wish to submit a charitable donation request to be considered by the committee, you will need to submit that request in writing to:

Heights Massage & Day Spa
Attn: Charitable Donations Committee
1148 Alexander Street
Houston, TX 77008

Or email: info@heightsmassage.com

If you have any further questions, please contact a Heights Massage & Day Spa Representative at (832) 618-1145



Donation Request Form

Your organization recently requested a donation from Heights Massage & Day Spa, LLC. Prior to the review of any and all donation requests, we ask that organizations provide the information below and return it to Heights Massage and Day Spa, LLC. Upon receipt of this completed form, your request will be reviewed. (Only requests from 501(c)(3) organizations will be accepted.)

Organization Name: _____ United Way Funded: Yes: ___ No: ___

Address: _____

City/State: _____ Zip: _____ County: _____

Phone: _____ ID Number: _____

Contact Name: _____ Phone: _____

Description of Organization (include geographic area(s) of operation):

Number of Person Served by Organization:

Description of Donation Request (include information about event, if applicable):

___ **Health** ___ **Human Services** ___ **Community** ___ **Culture** ___ **Education**

Type of Request: (Please attach appropriate documents to describe)

___ **In-Kind** ___ **Monetary** \$___ **Amount**

Name of Event (if applicable): _____

Date of Event (if applicable): _____

If approved, where should the donation be sent?

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Heights Massage & Day Spa, LLC.
1148 Alexander Street
Houston, TX 77008
832-618-1145