



**Make a donation or honor a loved one by making a gift
in their memory that supports HOPE for others.**

Mail Donation

Please print and complete the form below. Mail completed form and your check to:

Stephanie's Dream
P. O. Box 243
Palmer, TX 75152

Gift Information

Select A Gift Amount: \$25 \$50 \$75 \$100 \$500 \$ _____
(Enter Donation Amount)

Name of the Person(s) Making the Donation

Title:	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/>
First Name:						
Last Name:						
Address Line 1:						
Address Line 2:						
City:		State:		ZIP:		

Optional

Email:	
Cell Phone/Home Phone:	

Make this a Gift in Memory of a Special Person

- I would like to make this donation anonymously – no card needs to be mailed.
 Please mail a card to the person below that a donation was made.
 Deceased Remembrance or Thinking of You or _____

Provide the Card Recipient information below.

Title:	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/>
Card Recipient First Name:						
Card Recipient Last Name:						
Address Line 1:						
Address Line 2:						
City:		State:		ZIP:		
Your message for the card:						
How would you like your card signed?						

Double your donation if your company does matching gifts.

(For more information: <http://www.stephaniesdream.org/company-matching-program/>)