

REMEMBRANCE FORM



The enclosed gift of:

_____ \$500

_____ \$100

_____ \$50

_____ \$25

_____ Other

Name: _____ On the occasion of: _____

_____ Memorial _____ Birthday _____ Wedding _____ Anniversary _____ Holiday

Please send appropriate card to: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Please sign card from: _____

Your Address: _____ City: _____ State: _____ Zip: _____

Thank you for your gift!! It will help make a difference in the life of a child.

Please send this form to: Children's Village P.O. Box 6564 Tyler, TX 75711-6564

Enclosed is my check made payable to the Children's Village and Family Services Agency

OR

Please charge this one time gift in the amount of \$_____ Mastercard Visa Other _____

Card number: _____ Exp. date: _____

Cardholder name: _____

Contact Phone or email: _____

Cardholder signature: _____

For additional information: Phone: 903-592-3421 or Email: Kathy.s@childrensvillageoftexas.org

Website: Childrensvillageoftexas.org