



If you would like to make a donation in someone's honor, please print and fill out this form and return it to:

Glimmer of Hope / P.O. Box 908 / Wexford, PA 15090

We will gladly acknowledge your gift with a postcard sent to the person or family in whose honor the donation was made. We thank you for your generosity and commitment to finding the cure.

**Your Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Acknowledgment Information**

Person to be Honored: \_\_\_\_\_

Name: (if different from Honoree) \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_