



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: _____