

BABY BLOCK (8"x8") REQUEST FORM

(This form and your donation may be folded and left in the Donation Box, taken to the Office, or mailed to *Raphael's Refuge, P.O. Box 341, Flatonia TX 78941*. Please print carefully.)

Name of Donor _____

Street or Box Address _____

City, State, Zip _____

Phone Number(s) ____-____-____ (Hm.) ____-____-____ (Cell)

E-mail _____

_____ I would like to receive newsletters (sent out 2-4 times/yr).

(Your information will not be sold or shared with another organization.)

Amount of Donation (*Suggested* amount is \$100.) _____

Name of Baby _____

Date of Death (to the extent known) ____ / ____ / ____

Date of Birth (if applicable) ____ / ____ / ____

If the names of the baby's parents are different from the donor names, print them in the space below. They will be notified of your gift and sent a brochure and prayer card.

Name(s) _____

Street/Box _____

City, State, Zip _____

E-mail Address _____

_____ Please send the parents newsletters

Raphael's Refuge is a 501(c)(3) non-profit organization. Donations are tax-deductible to the extent allowed by law.