In Honor Of / In Memory Of Form

If you are making your gift by check, please mail your check and this form to:



Star of Hope 4848 Loop Central Dr., Ste. 500 Houston, TX 77081-2356

Star of Hope's Memorial/Tribute Program gives donors the opportunity to remember special individuals with a memorial or tribute gift. A commemorative gift honors a loved one's life and serves to reflect upon the memories that live forever. A gift made in honor of an individual recognizes a person who has had a special impact on your life.

Star of Hope will send an acknowledgment to the family of the person you memorialize and to the person you have honored. The amount of your gift will not be disclosed.

I would like to giv	- C	Of or □ I check one)	In Memory Of:			
1	Mail a letter on r	ny beha	alf to the followi	ng person(s):		
A	Address:					
F	Phone: E-Mail:					
Your Name:						
Address:						
Telephone Number	er:			Work		
E-Mail Address: _				VVOIK		
Please charge my	y: □ American I	Express	☐ Master Card	□ V isa	□ Discover	
Amount: \$						
Account Number:				Exp:		
Purpose of donat	ion:					
		□Women □Childre	•	Center @ Cornersto en's Development	ne Community® Campus Center	
Signature						



