

YOUR CONTRIBUTION OPTIONS

You may further benefit *Dreams to Memories* through your will or your estate by:

- Designating a specific percentage.
- Establishing a charitable trust of cash and/or stock transfer to this charity.
- Allocating property, a life insurance policy, or a gift annuity.
- Contacting your accountant or financial advisor for other tax saving options today or in the future.

CREDIT CARD OPTION

Credit Card Amount: \$ _____

Type of Credit Card: _____

VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER

Card # _____

Expiration Date ___ mo/ ___ yr

Name: _____

Signature: _____

Mail to:

DREAMS to Memories Foundation

P.O. Box 504

Buffalo, New York 14225



**Yesterday's Dreams
Are
Today's Reality
For
Tomorrow's Memories**

OUR MANDATE

Dreams to Memories is a Christian based, non-profit, charitable foundation located in Buffalo, New York

We are a Family Wish Granting Foundation.

We assist terminally ill young parents with children under the age of 15 years and living at home with a special lasting memory of their terminally ill parent.

Although the primary recipient is an adult, these dreams directly involve the children through a parent's last wish to create a lasting memory for their loved one(s).

OUR PURPOSE

Dreams to Memories aim is to assist in making a dream become a reality for families as outlined in our mandate:

- to raise funds;
- to administer resources;
- to endeavor to fulfill suitable dream requests.

OUR VOLUNTEERS

Our work is only made possible through the kindness of people who are willing to give their time and services.

Dreams to Memories Foundation is made up of caring volunteers like yourself – we have no paid staff within our organization.

Yes, I am interested in being a volunteer in making dreams a reality. Please send me a volunteer application form.

Name: _____

Address: _____

Phone: _____

Area of assistance: _____

YOUR DONATIONS

Dreams to Memories Foundation requests your support for this non-profit charitable work. Your contributions will underwrite the costs of these dreams ensuring that the organization continues to flourish.

I WISH TO MAKE A –

1. Cash/check donation in the Amount of \$ _____
2. Credit Card donation:
See back page
3. Memorial/Honorary donation in tribute to: _____
Amount : _____
4. Planned Donation or Bequest in the Amount of \$ _____
5. To organize/sponsor a fundraising event. _____
6. See back page for other options
Tax receipts issued over \$10.00

OUR ADDRESS

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