

Please mail this form and your check to:

Rays of Relief

5804 Babcock Road #332
San Antonio, TX 78240

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to **Rays of Relief**

Personal Information (please leave blank if donation is anonymous)

Title: Mr./Ms./Dr. _____ Name: _____

Address: _____ Home phone: _____

City/State/Zip: Email: _____

(receipts will be sent to address above)

I would like to make a donation in the amount of (circle one):

\$5.00 \$10.00 \$25.00 \$50.00 \$100.00 \$1000.00 Other amount _____

This gift is in memory/honor of: _____

Rays of Relief relies on the generosity of donors such as yourselves. Your donation provides relief, allowing patients to focus on treatment, rather than being burdened with the cost. Thank you for helping us give to those in need.

We thank you for your support.