

Gift of Grace Nomination Form

Celebrate a parent doing sacred work.

At Thrive with Hope, we believe every parent raising a child with additional needs deserves to be seen, celebrated, and cared for. Use this form to nominate a parent (or yourself!) for our monthly **Gift of Grace** — a special way to say, 'You are doing amazing work, and you are not alone.'

Nominee Details

Full Name:	
Email Address:	
Phone Number (optional):	
City / Country:	

About the Nominee

Tell us a little about the parent you're nominating: (What makes them special? What have they overcome? How do they show love, courage, or hope in their journey?)

Type of Gift You'd Like Them to Receive (optional)

- ☐ Spa day or wellness retreat
- ☐ Hamper of practical supplies
- ☐ Coffee & devotional gift set
- ☐ Other (please specify): _____

Your Details (if you're nominating someone else)

Your Name:	
Your Email:	
Relationship to Nominee:	
☐ I wish to remain anonymous	

Would You Like to Contribute Toward Their Gift?

- Yes, I'd love to make a donation (link to Give Hope page or donation portal)
- Not at this time, just nominating

Thank you for helping us remind parents that their love and perseverance matter. Every nomination is a story of hope, and together, we're weaving grace through the fabric of our community.