

Holiday Tribute Order Form

We invite you to honor someone special in your life with a donation amount determined by you that pays tribute to an extraordinary individual.

Our staff will send a personalized card of your choosing on your behalf to the person you honor.

All proceeds from The Holiday Tribute program will support the AHM Family Resource Center.

All orders must be received on or before December 20, 2016.

____ Honorary Donation or ____ Memorial Donation

Honoree's Relation to Donor: _____

Honoree Name: _____

Card to be mailed _____ Directly to Honoree
_____ Picked up at AHM by Donor

Honoree Address _____

Donor Name _____

Address: _____

Phone: _____

Do you want your donation amount noted in the card to your Honoree?
_____yes _____no

Donation Amount: \$ _____ Check # _____ Cash _____

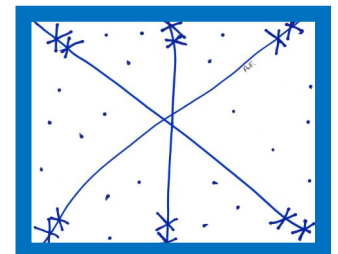
Please charge my credit card.
_____ visa _____ MasterCard _____ Discover

Amount: \$ _____

Card Number: _____

Exp. _____ CVV _____

Select your design by checking a box below.







Mark your design selection from the designs above.



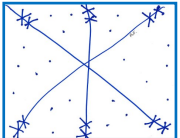
Holiday Card and Seasonal Note Card Order Form

We invite you to purchase these holiday and seasonal note cards (blank inside) beautifully created by students in the AHM Family Resource Center KinderRHAMa Pre-School program. There are two options:

1. Seasons Occasional designs sold in packages of 8 for \$10 plus shipping.
2. Holiday Options (Christmas , Hanukkah, Seasonal) sold in packages of 5 for \$5.95 or packages of 10 for \$10.00 plus shipping. Mix & Match

**All proceeds from Holiday Card and Seasonal Note Cards will support the
AHM Family Resource Center.**

			
Seasons Note Cards (See above)	Sold in Packages of 8 Two cards of each seasonal design. _____ Packages @ \$10 each	Total Packages _____ @ \$10.00 Sub-Total \$ _____	

	O'Christmas Tree Please Note the Number of cards desired _____	SOLD IN INCREMENTS OF FIVE Total Number of Packages of Holiday Cards. 5/\$5.95 or 10/\$10.00 _____ Sub-Total \$ _____
	Candles Burning Bright Please Note the Number of cards desired _____	
	Snowflake Please Note the Number of cards desired _____	

Payment	
Grand Total \$ _____ Cash _____ Check # _____ Please charge my credit card. _____ visa _____ MasterCard _____ Discover Amount: \$ _____ Card Number: _____ Exp. _____ CVV _____	

Address	
Name: _____ Address: _____ _____ _____ Telephone: _____	