



Twelve Months of Christmas

Seasons Greetings, Christmas Dreams friends. Please help children with chronic illnesses and their family experience the best Christmas ever.

Yes! I would like to be part of the Twelve Months of Christmas.

Name/Organization/Business: _____

Contact Name: _____

Address: _____

City: _____

State and Zip Code: _____

Phone Number: _____

E-mail address: _____

Monthly contribution: \$ _____

Date each month for donation: _____

One time gift: \$ _____

Please select a payment option.

You may also visit our website at www.christmasdreams.org for payments.

Please bill me each month via e-mail

Payment in full with enclosed check

Payment in full with a credit card/PayPal on-line

All gifts are tax deductible as we are a 501C(3) organization and a receipt of donation will be sent.