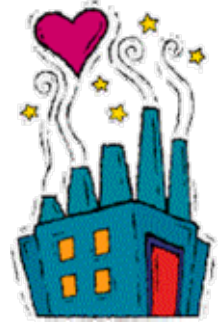


# Donation Form



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

I want to help make dreams come true for critically ill children.  
Enclosed is my tax-deductible donation of \$\_\_\_\_\_.

Please send me more information on the Clarksville Dream Factory.

Please keep a copy of this form for your records and send the original plus donation to:  
Clarksville Dream Factory  
P.O. Box 3522  
Clarksville, TN 37043

Thank you again for your donation and we know that there is a child out there that thanks you also for helping him or her receive the dream they have been wanting.