

## BABY BLOCK (8"x 8") REQUEST FORM

This form and your donation may be mailed to **Raphael's Refuge, P.O. Box 341, Flatonia, TX 78941**, or may be folded and put in the Donation Drawer (to the right as you enter through the main door of the Monument). Your information will never be sold or shared. Please type or print.

**Name of Donor(s)** \_\_\_\_\_

\_\_\_\_\_

**Street or Box Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_-\_\_\_\_-\_\_\_\_ (Hm.) \_\_\_\_-\_\_\_\_-\_\_\_\_ (Cell)

**E-mail** \_\_\_\_\_

**Donation** (*Suggested* Amount is \$100) \_\_\_\_\_

**Name of Baby** \_\_\_\_\_

(If the baby's name is unknown, you may put "Baby (last name)," "Baby (first name)," "Baby Known to God," or "Baby Known to Jesus.")

**Date of Death** (to the extent known) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Birth** (if applicable) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Baby's Parents Names** (if different from the donor names)

(Additional information may be added on the back of this page. Parents will be notified of your gift and will be sent a brochure and prayer card. )

**Name(s)** \_\_\_\_\_

**Street/Box** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

Raphael's Refuge is a 501(c)(3) non-profit organization. Donations are tax-deductible to the extent allowed by law.