



**DREAM
FACTORY**

The Lexington Dream Factory

LEXINGTON DREAM FACTORY CONTRIBUTION INFORMATION FORM

circle one: Ms. Miss Mrs. Mr. Dr. Donation Amount: \$ _____

Please Print

Name: _____ Home Phone: (____) _____

Street: _____ Work Phone: (____) _____

City: _____ State: _____ Zip: _____

E-mail: _____

Does your employer have a gift matching program? _____
(if yes, enclose form)

Employer: _____

Please Designate My Gift

___ In honor of ___ In memory of _____

Please send notification of this gift to:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

I would like to learn more:

___ I would like to be on the Lexington Dream Factory mailing list

___ I would like more information about volunteering

___ I would like general information about The Lexington Dream Factory

Address

PO Box 707

Lexington, KY 40588

Contact Information

(859) 254-9474

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