

Memorial Gift

Please fill in and mail with your contribution.

DATE (OF MAILING MEMORIAL)

NAME OF DECEASED

CARD OF ACKNOWLEDGMENT TO GO TO (FULL NAME)

THEIR RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY, STATE AND ZIP CODE

GIVEN BY (FULL NAME)

STREET ADDRESS

CITY, STATE AND ZIP CODE

PHONE

E-MAIL

**Mail to: South Texas Children's Home
P.O. Box 1210, Beeville, Texas 78104-1210**