



*Giving Hope and Shelter to
Homeless Women with Children*

Please return this form by **May 8**. Please print legibly and indicate names exactly as they should be listed. Mail to Simon House, P. O. Box 5174, Frankfort, KY 40602.

Enclosed is my gift in the amount of \$ _____

In honor of _____

In memory of _____

Send card to:

Name _____

Address _____

City/State/Zip _____

Do not send card.

~~~~~  
Your name \_\_\_\_\_

Your address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

~~~~~  
Method of Payment:

Check Visa MasterCard

Credit Card #: - - -

Exp. Date: _____ / _____ (MM/YY) Card Identification #* _____

*The Card Identification Number is a 3-digit number near the signature box on the back of Visa and MasterCard.

Signature _____