



Dec My Room®

DONATION FORM

Your donation makes a difference! Dec My Room's vision is to create personalized healing places for long term pediatric and young adult patients to enhance their lives when they are admitted into a hospital for a prolonged period of time.

Donor Name: _____

(As you wish it to be listed)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

PAYMENT INFORMATION

Enclosed is a check for \$_____ (payable to Dec My Room).

Please charge my MC VISA AMEX DISCOVER credit card

\$_____ on or before: ____/____/____

I am willing to donate my portion of the credit card fees so that Dec My Room gets my entire gift.

NAME ON CARD: _____ **CARD #:** _____

EXP (M/Y): _____ **CVV:** ____ **ZIP CODE:** _____ **SIGNATURE:** _____

Description of Donation (please designate honoree name or hospital):

Dec My Room, 720 N. Post Oak Rd., Suite 275, Houston, Texas 77024

Dec My Room is a 501(c)(3) nonprofit organization. Donations are tax-deductible to the fullest extent allowed by law.

No goods or services were provided for this donation.