

Dream Play Garden



Suite Dreams Kids can count on my support!

I would like to support the Suite Dreams Project Play Garden at Riley Hospital for Children:

Gift Amount \$ _____

Thank you for making dreams come true!

Payment:

_____ My check is enclosed, made payable to Suite Dreams Project

Please return this gift form to:
Suite Dreams Project of Indiana
600 East 96th Street, Suite 100
Indianapolis, IN 46240

_____ My company will match my gift

Name (*Please Print*)

Signature

Date

Address

City

State

Zip

Telephone

Fax

Email