



Christmas Gift Give By Mail Form

Full Name _____

Address _____

Email Address _____

Contact Phone _____

Check all the boxes that apply to your gift

- | | |
|--|--|
| <input type="checkbox"/> Legal Counsel \$25 | <input type="checkbox"/> Court Fees \$250 |
| <input type="checkbox"/> Medical Visit \$25 | <input type="checkbox"/> Dental Crown \$450 |
| <input type="checkbox"/> Dental Visit \$35 | <input type="checkbox"/> Diagnostic Set \$550 |
| <input type="checkbox"/> Christmas Store Gift \$40 | <input type="checkbox"/> Adoption Fees \$1,500 |
| <input type="checkbox"/> School Uniform \$40 | <input type="checkbox"/> Autoclave \$4,000 |
| <input type="checkbox"/> School Supplies \$65 | <input type="checkbox"/> School Tuition \$7,000 |
| <input type="checkbox"/> Summer Care \$110 | <input type="checkbox"/> Digital Sensor \$10,000 |
| <input type="checkbox"/> After School Care \$250 | |

If you would like to give by mail, please mail a check to Mission First & include this form.

PO Box 250 Jackson, MS 39205