



Once  
Upon A  
Dream

**Yes! I want to be a "Dream Builder"!**

Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Child's Age \_\_\_\_\_ Birthdate \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Contribution and Photo Enclosed**

\$ 250 Donation Amount for one (1) photo

\$ \_\_\_\_\_ Additional Support. Mahalo!

\$ \_\_\_\_\_ Total Amount

*The Children's Discovery Center thanks you very much for your generous support. Your contribution is tax-deductible. Mahalo!*

Cash     Check     Mastercard     Visa

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Credit Card Number

Exp. Date 

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Signature \_\_\_\_\_