

Please Print Clearly

Name:			
Address:			
City/ State/ Zip			
Home Phone	Work Phone:	Cell Phone:	
	Snapshot	Cost: \$75.00 for Life Memorial Booklet:	
	Total	Amount Paid: \$	
		ent Method (Check One) Ioney Order □ CAFY via Pay	y Pal
	http://www	.cafyonline.org/donation.php	<u> </u>
	PayPal Confirmat	ion Number:	
Visa	MasterCard	Discover	American Express
Account Number #		Expiration Date://	
Signature on Car	d:		
		Transaction Date	
Honoree's Name:			

First Booklet to be published April, 2011 during National Victim Rights Week. CAFY will use your current online photo submission unless otherwise indicated.

New photo and text: Complete the Snapshot Application and Attach one page to this form relating to loved ones or personal story (250 words or less). Please provide personal facts about the victim, what kind of person they were or share a poem of your celebration of life, hobbies or activities they enjoyed, their educational background, their profession, their future plans or express how you feel about surviving and overcoming your trauma. If honoring a young child consider describing the child's favorite toy, game or story, pet and so on. Share your journey and pride the love one has for you now as you continue to self-define yourself as a survivor. USE WORD; SINGLE SPACE; 12 PT FONT. IF TYPED IN WORD.

PLEASE NOTE: Completed forms with story, photos and payment to: CAFY; P. O. Box 4419; Capitol Heights, MD 20791 or submission can be made via email to Snapshot@cafyonline.org.