

Current photo of recipient

Recipient	
Name:	Date:
Address:	
Birth date:	Gender:
Briefly describe challenge (for the deceased, please give the date, time, and location of his or her passing):	
Any specific request (do not need if for the deceased):	
Requester if different from the Recipient	
Name:	
Address:	
Email of person initiating request:	
<input type="checkbox"/> I have enclosed a check for the \$100 suggested donation <input type="checkbox"/> I paid the \$100 donation via Paypal to clinic@juniperpath.org	

Privacy Statement: Please note we will not share your information with third parties or use it for purposes inconsistent with this request.

Mail to: JUNIPER, 5515 Felter Road, San Jose, CA 95132
For more information call (408) 251-1105 or visit us at www.juniperpath.org