



THE FAMILY HOME
OF LITTLE ROCK

4300 West Markham Street, Little Rock, AR 72205
501-978-2900/www.familyhomelr.org

A Room for Hope

How would you like to honor your loved one by giving someone "A Room for Hope"? For the price of \$75 for a month you will be able to help cover the cost of a room for cancer patients receiving outpatient treatment or parents of premature babies in the Neonatal Intensive Care Units. You will be helping the Family Home of Little Rock provide a room where they can hope for the future of being cured of cancer and where our parents of premature babies can be hoping their babies will be healthy and lead a normal life. Can you think of a better way to show your loved one than giving hope to someone else?

We will have name plates outside each door each month showing the sponsor's name. These name plates can be sponsored in memory or in honor of a friend or loved one.

This program allows for companies, individuals, groups or organizations to sponsor the cost of operating a room for a month for \$75.00. This sponsorship can be for any number of months, an entire year or an ongoing sponsorship of one or up to all 15 rooms we operate, for the time frame you choose.

All our guests are referred and approved for lodging at the Family Home by a social worker of the hospital under the guidelines on the income requirements of the federal SNAP program for a family of 4. In 2019 we have helped over 240 families and they spent over 2158 nights with us over 18 babies, including 1 set of twins, were born to parents staying with us. On January 1, 2020, we celebrated our 17th year of operation, and have been able to help almost 5000 families from over 35 states and 7 foreign countries and we have had over 652 babies born to parents while staying in our NICU wing, including 59 sets of twins and 9 sets of triples. **We truly are the house that love built!**



Number of rooms sponsoring _____ Number of months to sponsor room or rooms _____

Donor's name _____

Donor's cell number and email _____

Donor's street address _____

Donor's city, state and zip _____

Donor's credit card _____ Zip _____ Exp _____ 3-digit code _____

(Cash and Checks accepted, as well. We take only Discover, MasterCard, and Visa credit cards)

In honor of or in memory of (Please circle one) _____

Honoree's or memorial's family's cell number and email _____

Honoree's or memorial's family's street address _____

Honoree's or memorial's family's city, state and Zip _____