PROVIDENCE HOUSE *Twice Blessed*

ORDER FORM

DEADLINE: Friday, December 2, 2025
to ensure mail is dropped by Friday, December 9

Along with recipients' names and mailing addresses, send the form by mail, fax, or email to:

Providence House
Attn: Twice Blessed, Courtland Jones

Address: 814 Cotton Street
Shreveport, LA 71101

Fax: (318) 221-7976

Email: cjones@theprovidencehouse.com

Card Design #1

Christmas Tumbler

Card Design #2

Providence House will mail each recipient a beautiful, full-color holiday card.

Sender's Information:

Name(s) _____

Company Name (if applicable)_____

Address _____

City, State, Zip _____

Email _____

Phone(s) _____

Select your preferred payment method:

___ Check: Mail to the address above

___ Online: Visit theprovidencehouse.com, click **DONATE NOW**, and choose **Twice Blessed** in the designation drop-down menu

___ Credit Card: With my signature, charge my gift to the credit card listed below

___ VISA ___ MasterCard ___ Discover ___ AMEX

Card # _____

Exp. Date (mm/yy) _____/_____ CVV _____ Amount $_____

Signature: _____

Select Your Items:
(Each Christmas card is a minimum of $10 • Tumblers are a minimum $40)

Christmas Card Options:
☐ **Card Design #1 — Quantity: _____**
☐ **Card Design #2 — Quantity: _____**

Tumblers:
☐ **Twice Blessed Tumbler — Quantity: _____**

_____ **TOTAL CARDS** *(Please include a minimum donation of $10 per card.)*

_____ **TOTAL TUMBLER** *(Please include a minimum donation of $40 per tumbler.)*

TWICE BLESSED 2025 RECIPIENT LIST

Sender's Name(s)_____ **Total Cards** _____

PLEASE TYPE OR PRINT. USE AS MANY PAGES AS NECESSARY TO COMPLETE ORDER

Name(s)_____

Address _____

City, State, Zip _____

Name(s)_____

Address _____

City, State, Zip _____

Name(s)_____

Address _____

City, State, Zip _____

Name(s)_____

Address _____

City, State, Zip _____

Name(s)_____

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City, State, Zip _____

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City, State, Zip _____

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City, State, Zip ____

Name(s) ____

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City, State, Zip ____

Name(s) ____

Address ____

City, State, Zip ____