



Confidential Enrollment Form

Name:

Address:

Email address:

Phone number:

Birthdate:

How long have you been a motherless daughter?

I agree to voluntarily enter in to a mentoring relationship which is expected to benefit and empower me to reach my unlimited and God-given potential. If for any reason, I am not satisfied with this relationship, I will contact the Director of Mentoring- Suzy Borg@ 972-839-3111.

Signature: _____

Please email to: Michele@BDGhope.org or send to

**BDG Foundation of Hope
c/o Michele Feyen
280 Clubhouse Dr.
Gordonville, TX 76245**