



Confidential Enrollment Form

Name:

Address:

Email address:

Phone number:

Birth date:

How long have you been a motherless daughter?

Please check the box that applies to you:

- 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.

- I do not want a mentor at this time. Please explain:

If for any reason, I am not satisfied with this relationship, I will contact the Director of Mentoring- Suzy Borg at 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