

Hopes and Dreams Quilt Challenge for ALS

Mail your finished quilt to:
Hopes and Dreams Quilt Challenge for ALS
c/o Quilters Dream Batting
589 Central Dr
Virginia Beach VA 23454

Please complete a form for each quilt donated.

When possible - please stitch a simple 4" sleeve or tabs on the back of the quilts so that we may display/hang your quilts at shows and events. Sleeves/tabs are not required. Please submit the following form with each quilt donated.

Name: _____

of Quilts: _____ Phone: _____

Address: _____

City: _____ State: _____

Email: _____

Donation Categories: (Circle One)

Individual **Guild** Quilt Shop Professional Quilter

Name & State of participating Guild, Shop, or Business: [Virginia Consortium of Quilters \(VCQ\)](#) _____

Short description of your quilt or other handcrafted items (please include name of pattern):

Many ALS patients battle this disease alone, with little or no family support. They will be thrilled to receive your quilt and to learn a little about you – their thoughtful and generous quilter and friend. If you would like - please write a message for ‘your’ patient, to be presented with your quilt:

Please feel free to pin/attach to your quilt a longer letter about yourself. Your ALS patient will love it!

I have read and agree to the rules of the Hopes & Dreams Quilt Challenge for ALS. I agree that my quilts/creative items will become the sole property of the Hopes & Dreams Quilt Challenge, and may be displayed, photographed, donated and/or sold for the benefit of ALS patients, families, and/or ALS Research. Quilts and creative items postmarked after July 31, will be entered into next year's Hopes & Dreams Quilt Challenge.

Signature: _____

Date: _____

This form must be signed in order to be eligible for prizes