

D O N A T I O N F O R M

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Please accept my gift of \$_____. Enclosed is my check or money order made payable to the Springfield Angel of Hope, NFP.

- This gift is in memory of (*Child's name not to exceed 35 characters*):

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□

OR

- This gift is a general donation in memory of all the children we have lost and hold in our hearts.

Please list donor's name to be acknowledged in the annual program. (e.g., John, Jane & Jordan Smith or John & Jane Smith and Family)

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Children's names will be commemorated on plaques located behind the Angel of Hope Statue. The plaques will be updated annually, and names received by September 15th will be in place before the December 6th candlelight remembrance ceremony.

Please mail this donation form to:

Springfield Angel of Hope, NFP
P.O. Box 9714 • Springfield, IL 62791-9714

The Springfield Angel of Hope, NFP is a 501(c)(3) not-for-profit charity, and your gift to the organization in support of the Angel of Hope is tax-deductible to the extent of the law.