

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

Donor Information

Please list name(s) as you would like it to appear in the annual program:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Add donor address to mailing list for future information/ events. Y N

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*):

<input type="checkbox"/>														
<input type="checkbox"/>														
<input type="checkbox"/>														

OR

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

Acknowledgement Information

Please send acknowledgement of this donation to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Add acknowledgement address to mailing list for future information/events. Y N

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 October 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.