

**Yes, I want to donate and become an acknowledged Angel.**

Your name \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

-  **Archangel \$10,000 +**
-  **Guardian Angel \$1000 - \$10,000**
-  **Helping Angel \$100 - \$999**
-  **Angel \$25 - \$99**

I want to donate \_\_\_\_\_

Make your check payable to “Clinic of Angels” and mail to :

**Clinic of Angels  
9804 N. 56<sup>th</sup> Street  
Tampa , FL. 33617**

May God Reward you for your generosity . . . Thank you for being the Angel you are to those that truly need some hope.