

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 _____

by Credit Card or Cash or Check enclosed. (please circle one)

Credit Card Type _____ Expiration Date _____

Credit Card # _____

Name as it appears on the card _____

Please contact me to volunteer

Please contact me with more information

Your signature _____ Date _____

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