



# Contribution Form

Contributor Name(s): \_\_\_\_\_ Donation Amount: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Province Zip Country

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Donation:

- General Donation                       Angel Ball                       Other \_\_\_\_\_  
 Annual Giving Campaign               Walk for Remembrance & Hope

In Memory of / In Honor (circle one) of:

\_\_\_\_\_

Memorial Message (to be printed in the bi-monthly publication of the *Sharing* newsletter):

\_\_\_\_\_

\_\_\_\_\_

- I would like an acknowledgment to be sent to the family of the person(s) for which this donation has been made. Please send a letter to:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Province Zip Country

## Billing Information

Payment Type:  Visa       MasterCard       Discover       Check # \_\_\_\_\_       Cash

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State/Province Zip Country

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for your commitment to the mission of Share!

All gifts made to Share Pregnancy & Infant Loss Support, Inc. are tax-deductible to the extent allowable by law.

Please return completed form and contribution to:

**National Share Office, 402 Jackson Street, Saint Charles, MO 63301**