

Memorial Brick Order Form

Parent's Name: _____

Child's Name: _____

Parent's Address: _____

(A Certificate of Recognition will be sent to the child's parents informing them of your generous gift. If you wish to remain anonymous, please state as much on this form).

Parent's Phone: _____

OR

Donor's Name: _____

Donor's Address: _____

(A donation acknowledgment letter will be sent to you for tax purposes).

Donor's Phone: _____

Please check your preference

Small Brick: \$100.00

3 Lines

15 characters per line

(a space counts as a character)

Large Brick: \$175.00

6 Lines

15 characters per line

(a space counts as a character)

Using the following lines, please print in UPPER CASE letters, any information you would like to have engraved on your child's memorial brick.

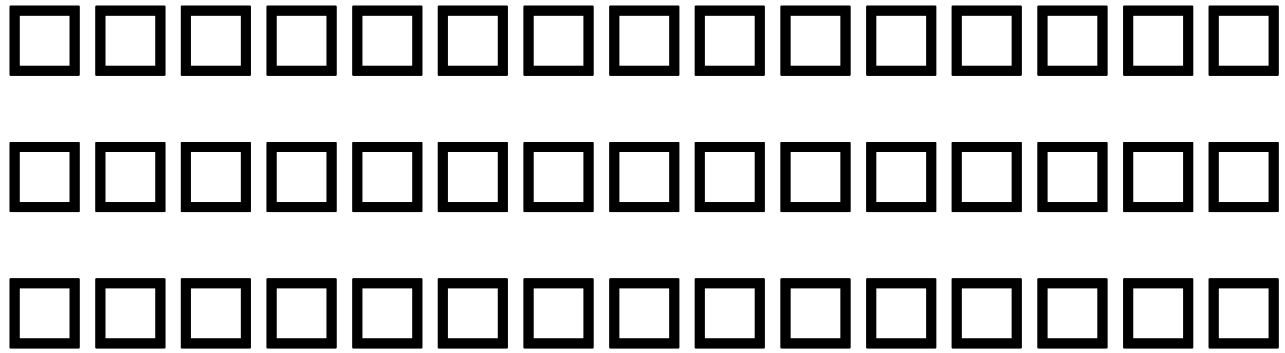
Complete Lines 1-3 ONLY for Small Bricks

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Complete Lines 1-6 for Large Bricks



Return completed forms with payment to:

Angels of Hope, Inc., NFP
360 E. Second Street
Coal City, IL 60416

- I will not be purchasing a memorial brick, but wish to be an angel on earth by enclosing a donation of \$ _____
In memory of _____
- I am purchasing a memorial brick and would like to include an additional donation of \$ _____
In memory of _____
- I work for a matching gift corporation _____
(Corporation's Name)

Angels of Hope, Inc., NFP has been recognized as a tax-exempt public charity under 501(c)(3) of the Internal Revenue Code; therefore, any contribution made to our organization is tax deductible.

Method of Payment

- Check Enclosed
Check # _____
Check Amount \$ _____
- Pay Pal thru AOH website
Confirmation # _____
www.angelsofhopeinc.org
- I prefer to remain anonymous

For questions related to the memorial brick order form,
please contact Nicole at 815.735.9381