



April's Angels Donation Form:

Donor information:

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

*Daytime phone _____ *Email address _____

*Evening phone _____

*this information is optional and will only be used by April's Angels

_____ Enclosed is my donation of \$_____ (please make check payable to April's Angels)

_____ Please charge my credit card for \$_____

_____ Visa _____ Mastercard _____ American Express _____ Discover

Credit Card Number _____ Exp Date _____

Name as it appears on card _____

Signature _____

Would you like to receive ongoing information about April's Angels and the families that benefit from their services? If yes, how would you prefer to receive this information?

_____ E-mail (please make sure your e-mail address is provided above)

_____ Regular mail

Thank you for your support !

Mail to April's Angels

S. Coslett Ct.

Cary, NC 27513