



## April's Angels Gift 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

Gift information:

Please follow the instructions below and we will send a note to the recipient notifying them of your gift.

Name of gift recipient \_\_\_\_\_

Address of gift recipient \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Text note to recipient

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Would you like the amount of the gift to be included in the note? \_\_\_\_ yes \_\_\_\_ no



\_\_\_\_\_ Enclosed is my gift of \$ \_\_\_\_\_ (please make check payable to April's Angels, Inc.)

\_\_\_\_\_ 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 like 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