

Contribution form for the National Share Office

Thank you for your support of Share's mission! Your donation may be made in honor of or in memory of someone special to you. Share Pregnancy & Infant Loss Support, Inc is a non-profit, 501(c)3 organization, and your contribution is tax-deductible.

Donation Information

Contributor Name(s) _____

Address _____
Street City State/Province Zip Country

Phone (1) (_____) _____ - _____

Phone (2) (_____) _____ - _____

Donation Amount:

Reason for Donation:

- | | | |
|--|---|---|
| <input type="checkbox"/> General Donation | <input type="checkbox"/> American Girl Fashion Show | <input type="checkbox"/> Angel Ball |
| <input type="checkbox"/> Angel Ball Ambassador Program | <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Holiday Appeal |
| <input type="checkbox"/> Newsletter Program | <input type="checkbox"/> Share Walk | <input type="checkbox"/> Message Boards |
| <input type="checkbox"/> Chat Room Program | <input type="checkbox"/> Other _____ | |

In Memory of or In Honor of *(please circle)*

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

If your donation is being made for someone on behalf of a baby or special person, please fill out the information below. The family of those being remembered will be sent an acknowledgement of your donation.

Send to _____

Address _____
Street City State/Province Zip Country

Billing Information

MasterCard VISA Check # _____

Name on Credit Card _____

Billing Address _____
Street City State/Province Zip Country

Email _____

Phone (_____) _____ - _____

Number on Card _____ Expiration ____ / ____

Signature _____

Return completed form and contribution to:
National Share Office, 402 Jackson, St. Charles, MO 63301

