

Angels of Hope

Memorial Donation Registration Form

DONOR INFORMATION

Name: _____ Birthday: _____
 Address: _____ City: _____ Zip: _____
 Cell Phone: _____ Other Phone: _____
 Email Address: _____

MEMORIAL INFORMATION

To help us remember your loved one, send us a digital photo and a one-page document telling us about them. You can also bring in several small mementos to place on the shelf next to the photo. Please send the digital photo and document to angelsofhope@newhopecenter.net.

In Memory Of: _____

Recognition Month: Please select three months (in order of importance) that you would like to honor your loved one. Feel free to add why you selected the month(s) in the notes below.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

- If needed, I am comfortable sharing my top month of choice with another potential Angels of Hope family
- I am interested in a multi-year Angels of Hope commitment: (years) _____ through _____

Notes: _____

Please note: Payment is needed upon form submission to secure the month you've selected. We will do our best to accommodate your top month of choice. However, based on demand, we may need to select your second or third choice. We will confirm with you which month your Angel of Hope will be recognized.

PAYMENT METHOD

Check: _____ Cash: _____ Credit Card: Visa _____ M/C _____ Amex _____ Discovery _____

Name on card: _____

Card number: _____ Expiration date: _____ CVC Code: _____

Notes: _____

Please return this form to:

New Hope Center for Grief Support
 145 N. Center St. Suite E., Northville, MI 48167

Internal Use:		
<input type="checkbox"/> Payment Received	<input type="checkbox"/> Photo Received	<input type="checkbox"/> Letter Received