

I would like to become a Friend of *Haven of Hope & Healing, Inc.* and support the very important services provided to bereaved parents with a donation.

Enclosed is my gift of \$ _____ I have enclosed a check payable to *Haven of Hope & Healing, Inc.*

Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Gifts may be made in memory or in honor of a loved one, or to commemorate an anniversary or other special occasion.

In Loving Memory of _____ In Honor of _____

To Commemorate: _____

Please send an acknowledgment to:

Name _____

Address _____ City _____ State _____ Zip Code _____

HAVEN OF HOPE & HEALING, INC. IS A NON-PROFIT ORGANIZATION RECOGNIZED BY THE IRS 501 (C) 3 REQUIREMENTS, SO ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE.

Please mail to Haven of Hope & Healing, Inc. P.O. Box 747, Graham, NC 27253.