



Donation Form

Name (as you would like to be recognized on our list of donors)

Address

City

State

ZipCode

Email

Phone

Donation Amount:

- \$2,500 supports community education programs for 400 students, bringing factual, age-appropriate sex education into the schools
- \$1,000 funds a year of support services for two gay teens, helping them cope with discrimination and develop a positive sense of self
- \$500 supports a 3-session program on puberty and human reproduction for a 6th grade classroom
- \$250 underwrites routine gynecological care for one clinic client, including diagnostic testing for the most common sexually transmitted infections
- \$100 funds a 6-month supply of condoms for our clients, helping to reduce HIV, other sexually transmitted infections, and unplanned pregnancy
- Other _____

Special Instructions:

- I would like this gift to be anonymous
- My employer will match my gift (please enclose any applicable forms)
- This gift is in honor / memory (please circle one) of _____
Address for notification: _____

Payment Method:

- Check (payable to Angles) Please charge my Visa MasterCard

Card Number

Expiration Date

Signature

Thank you! Please mail your contribution to Angles, 1779 Maple Street, Northfield, IL 60093.
Our Tax ID # is 36-2764791.