



YES – I want to be part of the ANGELS WINGS Program to
“Spread my wings and help a child soar”

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

PREFERENCE OF SUPPORT SCHEDULE: \$35/Mon ____, \$105/QUARTERLY ____, \$210/SEMI-ANNUALLY ____, \$420/YR ____

(Checks are payable to LBCM) Contact Janet Grosser at AngelsWingsLBCM@gmail.com or at the number above