



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](mailto:AngelsWingsLBCM@gmail.com) or at the number above