



Georgia

Angel of Hope Monument

The Angel of Hope Monument is being created in partnership with Dignity Memorial and Arlington Memorial Park as a donation to The TEARS Foundation. This monument is placed at the beautiful Arlington Memorial Park in Sandy Springs, GA, as a tranquil place to remember, honor, and never forget the little ones who have gone too soon through pregnancy or infant loss.

The Angel is holding a baby and a poem of hope is etched in the granite next to the Angel. Two butterfly monuments are placed on the sides of the Angel of Hope and include the names of babies who are loved and remembered. Benches are placed so families can have a place to sit and reflect. Whether your child died due to miscarriage, stillbirth, or infant death, may you find healing and peace with a public memorial to honor your child.

To have a baby's name etched onto one of the butterflies fill out the form below and submit to TEARS:

Mother's Day engravings

Applications due at Rock and Walk on 4/14/2018

October 15th engravings

Applications due 8/31

YES, I would like my child's name engraved on the butterflies at the Angel of Hope monument!

Choose one:

Enclosed is a **one-time gift** to The TEARS Foundation for \$250.00 to have the baby's name listed below permanently engraved on an Angel of Hope butterfly.

YES, I would like to join the *TEARS Guardian Angel Club monthly giving program with a **monthly pledge** of \$20 (minimum 12 month commitment) to have a baby's name permanently engraved on the Angel of Hope butterfly. **Please attach a voided check or include routing and account number.** (This is not the same as the debit card number.) A monthly debit will occur between the 5th—12th of the month from your account.

Pledge Authorization:

I authorize the TEARS Foundation to withdraw \$20.00 each month from the account on the voided check submitted with this authorization.

Your Name:		Email Address:	
Address:		Phone:	
City		State & Zip	
Baby's Name: (as to appear on butterfly, please print)		Relationship to baby:	
Credit Card Number (or bank account number if monthly giving)		CVD Code	
Bank Routing Number (if participating in monthly giving)		Expiration Date	
Authorization signature:		Amount	