



Massachusetts

Angel of Hope Monument

The Angel of Hope Monument was created in partnership with Dignity Memorial and Doane, Beal, and Ames Funeral Home as a donation to The TEARS Foundation. This monument will be placed at the beautiful Doane, Beal, and Ames Funeral Home in Cape Cod, Massachusetts, 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 for the unveiling ceremony on September 15, 2018, fill out the form below and submit to TEARS by June 30, 2018 with either your participation in the Guardian Angel Club or a one-time gift of \$250 and submit to The TEARS Foundation.

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. (you may also join online at www.thetearsfoundation.org/donate)

Pledge Authorization:

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

Date _____ Signed _____

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	