



Washington Angel of Hope Monument

The Angel of Hope Monument project was created in partnership between Bonney-Watson Funeral Home at Washington Memorial Park, Quiring Monuments, and Milne Construction as a donation to The TEARS Foundation.

The Angel of Hope monument is a place to remember, honor, and never forget the little ones who have gone too soon. This tranquil place was created to remember the lives of all precious babies lost through pregnancy or infant loss.

The Angel is holding a baby and a poem of hope is etched in glass next to the Angel. Two butterfly monuments are on the sides of the Angel of Hope and include the names of babies who are loved and remembered. Benches are placed near these monuments 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, please fill out the form below with either your participation in the Guardian Angel Club or one-time gift of \$250 or more.

- ◆ Submissions received by March 31, 2016—inscription will be completed by May 13, 2016. For more information go to www.thetearsfoundation.org/monument

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

Choose one:

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

OR

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 my 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 out of your checking account.

Pledge Authorization:

I authorize the TEARS Foundation to withdraw \$20.00 between the 5th- 12th of each month from the checking 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 checking account number if monthly giving)		CVD Code	
Bank Routing Number (if participating in monthly giving)		Expiration Date	
Authorization signature:		Amount	