



Footprints on Our Hearts Walk

OFFLINE DONATION FORM

Please fill out all of the blank spaces. Make sure to include the name of the walker you are supporting so that your donation may be applied to his or her fundraising goal.

Please visit <http://hopeafterloss.org/events.html> for more information about the walk

My Pledge is Sponsoring (participant's name): _____

My Name: * _____ Gender: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: * _____

**mandatory*

Enclosed is my check in the sum of \$ _____

Please make your check payable to: **Hope After Loss, Inc.**

If you would like to be added to Hope After Loss's anniversary database, please complete:

Have you had a loss of a pregnancy or infant (please circle): yes no

Name (if named) of baby(ies) lost: _____

Month and year of baby(ies) lost: _____

Please mail this form and your check to:

Hope After Loss, Inc.
900 Chapel Street, 10th Floor
New Haven, CT 06510

Thank you for your support!

All donations are tax-deductible to the extent allowable by law

Hope After Loss, Inc. ♦ 900 Chapel St, 10th Floor, New Haven, CT 06510

info@hopeafterloss.org ♦ 203-782-4330