

**ANGEL INTERFAITH NETWORK**  
**A Source of Hope and Help**  
**for Patients of LAC+USC Medical Center**  
**and Their Families**  
**Since 1988**

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EIN #01-0594632

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**Yes! I will be a Sustaining Angel through a regular donation to AIN:**

**I will send my gift: (please check one)**

- Weekly  
 Monthly  
 Quarterly  
 Annually

**In the amount of:**

\$250  \$100  \$75  \$50  \$25  Other \_\_\_\_\_ is enclosed.  
(Please make check payable to Angel Interfaith Network)

My Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Optional*

My gift is given:  in honor of \_\_\_\_\_  
 in memory of \_\_\_\_\_  
 Anonymously (please do not list my name)

Please send an acknowledgement card to: *(no amount is mentioned in acknowledgement)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Thank you! Your Gift Will Make a Difference*  
*All Contributions are Tax Deductible to the extent allowed*  
*By law under IRS Section 501.c.3*