

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

With your help, Angel Interfaith Network is committed to promoting individual and community wellness through charitable service, advocacy, education and transportation to treatment to families referred to AIN by hospital chaplains and social workers.

My gift of: \$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: _____

- I have baby equipment I would like to donate. Please call me.
- Please contact me about volunteer opportunities.

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