YES! I want to help the Hidden Angel Foundation enrich the lives of individuals with cognitive, emotional and/or physical disabilities by making a contribution:

In the amou	Int of \$		_ – Any contribution is welcomed –		
I am a:	Individual	Parent	Professional		
Contributor	Information:				
Name: Organization					
Address:					
City:	State/Province:		Zip/Post	Zip/Postal code	
Phone:	Fax: _	Fax:		Email:	
By Check: In Canada: Make cheque payable to and mail to: Christopher Douglas Hidden Angel Foundati 2021 Banbury Road North Vancouver, BC V7G 1W6 Canada			Make che ation Hidden A P.O. Box	In U.S.A. Make check payable to and mail to: Hidden Angel Foundation P.O. Box 977 Gadsden, AL 35902 USA	
6898:	ept Master Card &				
Credit Card #		_ Expiration Date:			
Signature		_ 3-digit security Code:			
Type in	itions: ould like to make ar Christopher Douglas Hidden Angel Found	Hidden Angel	in the search box, s	elect Christopher	
	the Hidden Ang ecial occasion, o			in honor of a	
This is a gift	in Honor (o	r) Memo	ory of	(Name)	
Address in whic	h you would like us	to send an ack	nowledgement to:		
Address:		City:	State/I	Province:	
Zip/Postal Code	2:				
The Hidden Ange Contributions are	l Foundation is a charite tax deductible.	able organizatio	n, as defined by the IF	RS Code, 501 (c)(3).	
The Christopher I Canada, Charity # 8		Foundation is a c	haritable organization	a, as defined by Revenue	

WE THANK YOU FOR YOUR SUPPORT

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."