

# Inspire us!

**Share your story of how you helped Lazarus House**

**Name:**

**Age:**

**Home City:**

**Date gift was made to Lazarus House:**

**Amount raised or item(s) donated:**

**Why did you decide to help Lazarus House?**

**How did you do it?**

**Signature of approval from parent/guardian:** \_\_\_\_\_

Send completed form within one month of donation to: Lazarus House, 214 Walnut St., St. Charles, IL 60174

Lazarus House will share your child's information on its website for six months after receiving this form and a donation from a child under age 18

*Office use only*  
Date received: