

Inspire us!

Share your story of how you helped Lazarus House

Name: *Abigail*

Age: *6*

Home City: *St. Charles*

Date gift was made to Lazarus House: *March*

Amount raised or item(s) donated:

Why did you decide to help Lazarus House?

I want to

How did you do it?

by donating



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: