

Inspire us!

Share your story of how you helped Lazarus House

Name: Aodie

Age: 5

Home City: St Charles

Date gift was made to Lazarus House:

Amount raised or item(s) donated: MOUC

Why did you decide to help Lazarus House?

BECAUSE AND HELPING

How did you do it? I COOKED

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: