

Please make your check payable to: Miscarriage, Mothers & Other, Inc.  
P.O. Box 608  
Crown Point, IN 46308



Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please specify the amount of your donation

\$10 \_\_\_\_\_ \$15 \_\_\_\_\_ \$25 \_\_\_\_\_ \*\$50 \_\_\_\_\_

\*\$75 \_\_\_\_\_ \*\$100 \_\_\_\_\_ \*\$ \_\_\_\_\_ (other amount)

\*For each \$50.00 donation a child's name will be included on our Remembering the Children Memorial. To include a child's name please provide the following information:

Baby's Name \_\_\_\_\_

Miscarriage Date \_\_\_\_\_ Stillborn Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Optional:

Parent's Name \_\_\_\_\_

Sibling's Name \_\_\_\_\_

Grandparent(s) Name \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional children's names can be submitted on the back of the form.**

Miscarriage, Mothers & Others, Inc. is a 501(c)3 public charity

E-mail: [Info@MiscarriedBaby.com](mailto:Info@MiscarriedBaby.com)

[www.MiscarriedBaby.com](http://www.MiscarriedBaby.com)