

**Angel Gowns for Australian Angel Babies Inc.**  
**Supplies Donation Form**



Thank you so much for your offer to donate. Please fill out the below form and return to your Area Representative in charge of your donation collection or send with your donation to Head Office: Angel Gowns for Australian Babies Inc. c/o Julie Lumsden 18 Smallman Court, Paynesville Victoria 3880.

**Full Name:**

**Address:**

**Contact Number:**

**Email Address:**

**List of supplies donated:**

Please fill in below details if applicable:

**Is your Donation in Memory of an Angel Baby Close to you?**

**Yes/No**

**Angel Babies Details**

**Childs Full Name:**

**Gestational/Birth Age:**

**Parents Full Names:**

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Office Use Only – Please tick relevant boxes

**Volunteer who received Donation:**

**Date Donation Received:**

**Photographed:**

Yes

**Certificate of Appreciation Date Sent:**