

CHRISTIANS FOR LIFE, INC.

P. O. BOX 3856

TOPEKA, KS 66604

785-267-5777

APPLICATION FORM

CFL@ATT.NET

NAME ON THE WALL

APPLICATION

Application to put the name of an aborted, miscarried or stillborn baby on the HEART OF AMERICA MEMORIAL WALL FOR THE UNBORN. **All information is Confidential.** The following is the minimum information we need before we can go forward and put the name(s) on the wall. The only exception is in cases of confidentiality. The person bringing forth the **a confidential** request will be responsible for accuracy of the name to be placed on the wall.

Your Name _____

Phone Number _____ E-mail _____

Address: City _____ State _____ Zip _____

Name of child(ren): First _____ Middle Initial _____ Last _____

Name of child(ren): First _____ Middle Initial _____ Last _____

I will be paying by Credit Card, my number is: _____

Name on Card: _____

Expiration Date: _____

The engraving of each name costs Christians for Life is approximately \$100. No **Godly and appropriate name will be turned down!**

Your donation will help with the perpetual care of the memorial for years to come! You can choose to donate online at our website, www.heartofamericawall.org, or you can mail to the address shown above. We thank you and praise God for your compassion for this Heart Of America Memorial.