



The **Holiday Angels program** gives our community an opportunity to share with those in need while honoring a school district staff member, friend, or community member.

The **White Bear Lake Area Educational Foundation (WBLAEF)** is pleased to announce the kickoff of our annual **Holiday Angels program**, a special fundraising initiative for the **Angel Fund** of the WBLAEF. The **Angel Fund** provides funding to cover the expense of winter coats, boots, hats, mittens, backpacks, school supplies, basic food, clothing, and temporary housing for students and families in need. Whether the result of a job loss, unexpected extraordinary medical expenses, or other personal reasons, the needs of our students and families increase each year.

## It's easy to participate!

**Step 1** - Visit our website and download a form or complete **ONLINE HERE:**  
<https://www.wblaef.org/holiday-angels>

**Step 2** - Make your payment online or by mail by Friday, January 5, 2024.

**Step 3** - The Foundation will send a handwritten Holiday Angels holiday greeting card to the honored person stating that you have chosen to recognize them during this holiday season with a donation to the **WBLAEF Angel Fund**.

All donations made to the Angel Fund benefit district families in need and provide support for **The Closet**, an extension of The Angel Fund. *Your donation makes a difference in the life of a child!*





# Holiday Angels 2023 Donation Form

## Information of the person you are honoring:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(Building, if a school district staff person): \_\_\_\_\_

Please provide the address of the person, if they are not a school district staff employee:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Information of Donor:

Name(s) of donor to be listed on card: \_\_\_\_\_

Amount of gift: \$\_\_\_\_\_

I would like to keep the gift amount private.  I would like to include the gift amount.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment method:  Cash  Check  Credit Card (VISA or MC)  Donation was made online.

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

## Additional message for the inside the card:

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**Please send this completed form by January 1, 2024 to:**

WBLAEF Holiday Angels  
4855 Bloom Avenue  
White Bear Lake, MN 55110

***\*If you or your family needs assistance from the Angel Fund, please contact your school Principal.***

The WBLAEF is a 501(c)(3) non-profit organization. Many employers have matching grant programs available that can increase your donation. For more information on the WBLAEF, please visit us at [www.wblaef.org](http://www.wblaef.org) or call 651-407-7696.