



### ***Lincoln's Angels OWLET Donation Application***

**IMPORTANT:** We will reply to you within 2-3 weeks after you have applied ONLY IF WE ARE ABLE TO PROVIDE AN OWLET TO YOU. If you do NOT hear from us within this timeframe, we are unfortunately unable to provide one to you.

Completed applications can be emailed to [jessica@lincolnsangels.com](mailto:jessica@lincolnsangels.com) or mailed to:  
Lincoln's Angels Inc  
2768 Gridley Paige Road  
Deansboro, NY 13328

Lincoln's Angels Inc is a non-profit organization that donates Owlet Smart Socks to families that have been impacted by SID's (Sudden Infant Death Syndrome). Because we rely solely on donations we are unfortunately not able to provide an Owlet to every applicant.

Please apply only if you meet any of the requirements below:

1) You are not financially able to purchase an Owlet Smart Sock or you or someone you know has been impacted by SID's. We want to provide to families that cannot afford a monitor for their baby and/or to families that have been impacted by SID's. This in no way means you have to have lost a child in order to apply. We prefer to donate to families who have been impacted by SID's and/or families who cannot financially afford one.

2) Your baby is 3 months old or younger. We want to make sure babies are receiving maximum amount of time to use their Owlet.

3) If you (or the person you are applying for) are currently pregnant and your due date is within the next 3 months. You can apply sooner than 3 months out from your due date-but OWLET will not be shipped until closer to baby's due date. We will notify you if you have been approved to receive an OWLET so that you can plan on its arrival in time for the baby.

\*\*\*\*THE OWLET SMART SOCK IS TO BE USED IN ADDITION TO SAFE SLEEP PRACTICES. IT IS NOT A REPLACEMENT FOR SAFE SLEEP!!!\*\*\*\*

**APPLICATION:**

**Name (First and Last):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address (For Shipping):**

---

**Who Are You Applying For (Check/Circle One)**

**My Baby:**

**My Grandchild:**

**Other Relative:**

**Friend:**

**Other:**

**Infants date of birth or Mother's due date:** \_\_\_\_\_

**How did you hear about Lincoln's Angels Inc?**

**Tell Us Your Story (Minimum 300 words):**