



*Yes I want to become a founding member of the
Heartbeat Society through a gift of \$1,000.*

This gift is from: _____
PLEASE PRINT YOUR NAME EXACTLY AS YOU WOULD LIKE IT TO APPEAR IN PUBLICATIONS.

ANONYMOUS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EMAIL _____

CHARGE TO: MasterCard Visa CARD # _____ EXP. DATE _____ 3-DIGIT CODE ON BACK _____

SIGNATURE _____

Please send me the appropriate forms to allow me to make a pledge commitment or enroll in the automatic debit program.

I WOULD LIKE MY GIFT RESTRICTED TO: AREA OF GREATEST NEED (INCLUDES CHARITY CARE)

MEDICAL EQUIPMENT SPECIFIC DEPARTMENT OR SERVICE _____

All gifts are tax deductible as allowed by Federal regulations.