



2020 Healing Hearts Society Fundraising Breakfast

Become a Member of Healing Hearts Society Today

- Gift of Hope:** \$1,000 annually - OR - \$83.33 per month for 3 years
- Gift of Compassion:** \$2,500 annually - OR - \$208.33 per month for 3 years
- Gift of Friendship:** \$5,000 annually - OR - \$416.66 per month for 3 years
- Gift of Love:** \$10,000 annually - OR - \$833.33 per month for 3 years

*Each donation of \$600 provides a child or teen grief support for one year.
Donations of any amount are welcome and appreciated.*

I would like to contribute in the following way:

_____ I would like to become a Healing Hearts Society Member and make a pledge in the amount of \$_____ to be paid monthly/annually (circle one) for 3 years beginning October 2020.

_____ I have a current HHS pledge. I would like to add _____ years to my current pledge.

_____ Included is my HHS pledge payment in the amount of \$_____.

_____ I would like to make a one time gift in the amount of \$_____.

_____ I would like to make a recurring gift in the amount of \$_____ to be paid monthly/annually (circle one) for _____ years beginning October 2020.

Payment Information:

_____ My check is enclosed, made payable to: **Ele's Place** Ck # _____

_____ Please charge my credit card. Card # _____ Exp. _____ Code: _____

_____ Please contact me. I would like to pay my pledge with a gift of stock, from my IRA account or donor advised fund.

_____ My company will match my gift. Company Name: _____
(Please ask your employer if they have matching gift program.)

_____ Please contact me so I can learn how to leave a legacy and help future generations of grieving children and teens through my will or estate plan.

A reminder of your annual gift will be mailed to you.

Please list my/our name(s) as follows:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Company: _____

Email Address: _____

_____ I/We prefer to be recognized as "Anonymous"