



WEST MICHIGAN

Ele's Place West Michigan Healing Hearts Society 2023 Pledge Form

I/We would like to make a multi-year commitment by joining the Healing Hearts Society today

Gift of Hope: \$1,000 annually for 3 years - OR - \$83.33 monthly for 36 months *

Gift of Compassion: \$2,500 annually for 3 years - OR - \$208.33 monthly for 36 months *

Gift of Friendship: \$5,000 annually for 3 years - OR - \$416.66 monthly for 36 months *

Gift of Love: \$10,000 annually for 3 years - OR - \$833.33 monthly for 36 months *

(Please circle annually OR monthly)

- OR -

I/We would prefer to make a **one-time gift** in the amount of \$ _____

I/We would prefer to make a **recurring gift** in the amount of \$ _____ to be paid annually - OR - monthly with an **End Date** of _____

(Please check annually _____ OR monthly _____)

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

Method of Payment Information:

My/Our check is enclosed, payable to: **Ele's Place** Ck # _____ (Please note **"West MI"** on check.)

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

I/We would like to cover the credit card processing fees, therefore increasing the donation.

Please contact me/us. I would like to pay my donation with a gift of stock, from my IRA account or donor-advised fund.

Preferred Contact Phone Number

Best Day/Time to Contact You

My/Our company will match my gift. Company Name: _____
(Thank you for asking your employer if they have a matching gift program.)

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

Preferred Contact Phone Number

Best Day/Time to Contact You

*** After your initial monthly gift, recurring monthly gifts will be charged to your credit card on file each month thereafter.**

*** Annual gift reminders will be sent to donors with information on how to pay online or by check.**

Billing Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number : _____
Check one: Home _____/Cell _____

Email Address: _____

I/We would like to be recognized as "Anonymous" donors



**Scan to Donate
Online**



Ele's Place West Michigan
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Ele's Place is a 501(c)(3) tax-exempt nonprofit organization.