



2020 Healing Hearts Society Fundraising Breakfast

YES, I would like to become a **Member** of the **Healing Hearts Society**:

- | | | |
|--|-----------------------------|--|
| <input type="checkbox"/> The Gift of Hope: | \$ 1,000 a year for 3 years | <i>(sponsors 2 children each year)</i> |
| <input type="checkbox"/> The Gift of Compassion: | \$ 2,500 a year for 3 years | <i>(sponsors 5 children each year)</i> |
| <input type="checkbox"/> The Gift of Friendship: | \$ 5,000 a year for 3 years | <i>(sponsors a school group)</i> |
| <input type="checkbox"/> The Gift of Love: | \$10,000 a year for 3 years | <i>(sponsors an onsite group)</i> |

Payment:

- ☐ My check is enclosed, made payable to: **Ele's Place**. Ck #: _____
- ☐ Please charge my credit card. Card #: _____ Exp. _____
- ☐ I would like to pay annually monthly
- ☐ Please contact me about paying my pledge with a gift of stock or from my IRA.
- ☐ My donation will be paid through the United Way.
- ☐ My company will match my gift. Company name: _____
Please ask your employer if they have matching gift program.)
- ☐ Please tell me how I can leave a legacy and help future generations of grieving children through my will or estate plan.
A reminder for your annual gift will be mailed

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Company: _____

E-mail address: _____

YES, I have a **current HHS pledge**. I would like to:

- ☐ Add _____ more years to my current multi-year pledge.
- ☐ My annual pledge payment is enclosed.