



## 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 |
| <input type="checkbox"/> | The Gift of Compassion: | \$ 2,500 a year for 3 years |
| <input type="checkbox"/> | The Gift of Friendship: | \$ 5,000 a year for 3 years |
| <input type="checkbox"/> | The Gift of Love:       | \$10,000 a year for 3 years |

### 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.