



Ele's Place Ann Arbor Healing Hearts Society 2022 Pledge Form

I/We would like to become a Member of 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 *

- OR -

(Please circle annually or monthly)

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 _____ (Optional) *

(Please circle 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, made payable to: **Ele's Place Ann Arbor** Ck # _____

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

Please contact me/us. I would like to pay my pledge 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: _____

(Please ask 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 on the 22nd of each month thereafter.*

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

Billing Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number : _____ Employer: _____

Home/Cell (Please circle one)

Email Address: _____

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

