

Heartbeat Lifesharing Donation Form

Print this form and mail to:

Heartbeat Lifesharing
Attn: Development
218 Town Farm Rd.
Hardwick, VT 05843

Yes! I/We want to support the exceptional way of living offered to adults with special needs at Heartbeat Lifesharing.

Name (s) _____ Date _____
(as you wish to be listed in annual reporting)

My/Our gift is anonymous.

Address _____
Street or P.O. Box City State Zip

Telephone _____

Enclosed is my/our gift of:

\$5,000 \$1000 \$250 \$100 Other \$ _____

Check made payable to Heartbeat Lifesharing

Matching Gift

My/Our gift will be matched by _____ and
I/we enclose the matching gift form.

Memorial Gift or Honorarium

My/our gift is in memory honor of: _____

Please send an acknowledgement to:

Name(s) _____

Address _____
Street or P.O. Box City State Zip

Questions? Call the office at 802-472-3285. Thank you.