** Pledge Form**

**Donor Information**

Name

Billing Address

City/State/Zip

E-mail

Tel Cell Fax

**Pledge Information**

**Yes,** I/we want to support Heartbeet Lifesharing's campaign with a tax-deductible gift of **$** .

\* \* \* \* \* \* \* \* \* \* \* \* \* \*

⬜ Check(s) made payable to *Heartbeet Lifesharing.*

⬜ Charge my 🢭 Visa 🢭Mastercard

Credit Card #: Exp. date: /

Name on Card: Signature:

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

This gift will be made in the following installments:

⬜ Payment one $ on (date)

⬜ Payment two $ on (date)

⬜ Payment three $ on (date)

⬜ Payment four $ on (date)

⬜ Payment five $ on (date)

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement Information**

⬜ Please use the name below in all acknowledgments: ⬜ I/We wish to have our gift remain anonymous

**Signature** **Date**

*Please return this pledge form to Heartbeet Lifesharing, c/o Hannah Schwartz.*