



Donor Pledge Form

Our mission is to improve the lives of grieving children and their families by providing support in a safe and caring environment, where all are welcome, and where families can grow through the healing process.

Donor Information (please print or type)

Name _____
 Billing address _____
 City, State, ZIP Code _____
 Telephone (home) _____
 Telephone (business) _____
 E-Mail _____

Pledge Information

I/We pledge a total contribution of \$ _____
 to be paid _____ monthly _____ quarterly _____ yearly
 _____ payment enclosed

I/We plan to make this contribution in the form of
 _____ cash _____ check _____ credit card _____ stock

Donation Recognition Levels

___ Friends of Hopeful Hearts	under \$100
___ Child Sponsor	\$ 100 - \$ 999
___ Family Sponsor	\$1,000 - \$2,499
___ Hopeful Hearts Sponsor	\$2,500 and over
Corporate Sponsor:	
___ Bronze	under \$1,000
___ Silver	\$ 1,000 - \$2,499
___ Gold	\$ 2,500 - \$4,999
___ Platinum	\$ 5,000 and over

___ Please contact my employer to inquire about a matching donation, or for a direct donation.

Employer _____
 Address _____
 Contact Person _____ Phone Number _____

Acknowledgement Information

___ I/We wish to have my/our gift dedicated *in memory of* _____
 Name

___ I/We wish to have my/our gift dedicated *in honor of* _____
 Name

___ I/We wish to have my/our gift remain anonymous.

 Signature(s) _____ Date _____

Please make checks or other gifts payable to:

**Hopeful Hearts Inc.
 P.O. Box 225
 Indiana, PA 15701**

Do you know of someone who might be interested in volunteering for Hopeful Hearts? _____

Do you know of a family who might benefit from our support? _____

Do you know of an individual or entity that might want to make a contribution? _____

Hopeful Hearts, Inc. is a 501(c)(3) non-profit organization; a copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1.800.732.0999.

Registration does not imply endorsement.