

HEARTBEAT HOPE MEDICAL PLEDGE FORM

MY PERSONAL INFORMATION:

TODAY'S DATE ____/____/____

Please Print

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Church _____

MY GIFT TONIGHT:

MY TOTAL PLEDGE OVER THE NEXT 12 MONTHS

TOTAL AMOUNT:

\$ _____

\$ _____

\$ _____

Check

Credit

Cash

Monthly \$ _____

Quarterly \$ _____

Automatic Deduction/Bank Withdrawal

I'll send it by mail

Please make my gift/pledge using my credit/debit card: Visa MasterCard Discover

Credit Card Number _____ Exp Date _____ 3 Digit Security# _____

Cardholder's Name _____

Automatic Bank Withdrawal:

I authorize a transfer of \$ _____ from my bank account

Please attach a voided blank check

Deductions will begin in January and will be processed on or after the 15th of each month and remain in effect until I notify Heartbeat Hope Medical to change or terminate this agreement.

Signature _____

White Copy – Turn in to Heartbeat

Copy – Keep as a record of your donation.