

DONATION FORM

Donor Information

Name _____

Billing address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

My mailing address is the same as my billing address. Yes, I want to receive emailed updates about HHI's work.

Mailing address _____

City _____ State _____ ZIP _____

Donation Information

I am pleased to make a monthly gift of

\$100 \$50 \$30 \$20 \$10 Other (please list amount) \$ _____

Please charge my Visa Mastercard American Express Discover

Credit card number _____ Exp. _____ CV# _____

Signature _____ Today's date _____

Please draw monthly donations from my bank account.

Financial institution _____

Routing # _____ Account# _____

Signature _____ Today's date _____

Enclosed is my monthly cash donation.

Enclosed is my monthly donation check payable to Heart to Heart International.

My company has a matching gift program. Company name _____

PLEASE MAIL TO:
Attn: Tracy Miller
Heart to Heart International
11550 Renner Blvd.
Lenexa, KS 66219

If you have any questions, please contact Tracy Miller at tracy.miller@hearttoheart.org or 913-320-6142.

Your gifts are tax-deductible per local regulations, as we are a tax-exempt organization. We will send you receipts for all donations. Please keep the receipts as your official records to claim donations as tax deductions.

You can donate with peace of mind, knowing you are contributing to an accredited, effective, fiscally responsible organization impacting vulnerable communities and those needing health access worldwide.

Heart to Heart International is a 501(c)3 organization; (tax ID #48-1108359).