



Pledges & Matching Gifts

Your donation will help build the first Women's Heart Wellness Center to coordinate wellness programs nationally, establish "Mentoring for Heart" and begin certification programs to address critical needs for prevention, heart wellness and survival. Please complete form below and mail or fax to Women's Heart Foundation, PO Box 7827, W. Trenton, NJ 08628. Fax 609.771.9427. www.womensheartfoundation.org

Donation Type: Pledge Matching gift Endowment

Donor Information:

First Name: _____ Last Name: _____

Address1: _____

Address2: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

Email Address: _____

Check here if you wish to remain anonymous.

Unless noted otherwise, donations will be treated as unrestricted funds.

Pledge Information:

I hereby give Women's Heart Foundation permission to make regular deductions from my credit card in the amount of: \$10 \$20 \$50 \$100 Other \$ _____

Signature: _____

Pledge payment schedule:

Monthly Quarterly Semi-Annually Annually One time Payment

Leaders for Heart (dedicated to WHF building fund):

Bronze (\$25,000) Silver (\$50,000) Gold (\$100,000) Platinum (\$200,000)

Other dedicated funds:

- \$1,500 will underwrite tuition & training for one participant for *Mentors for Heart*
- \$3,000 will underwrite one Wellness Kiosk
- \$10,000 will underwrite Women's Heart Week activities Feb 1-7
- \$45,000 will underwrite educational campaign

Matching Funds Information:

This gift will be matched by: My company My spouse's company

Company Name: _____

Contact Person: _____

Work Phone: _____ Fax: _____

Email Address: _____

Credit Card Information:

Type of card: Visa Mastercard American Express

Card Number: _____

Name on Card: _____ Card expiration date: mm/yy _____

Signature: _____

Thank you for your tax-deductible gift.

