Donations & Pledges

Your gift to the Women's Heart Foundation (WHF) will enable us to achieve our mission: to improve the survival and quality of life for women with heart disease. WHF is founder and organizer of **National Women's Heart Week Feb 1-7** and **Medication Safety Week April 1-7**. WHF is unrestricted in its bylaws and is able to design, develop and implement heart wellness programs for women.

Please print out this form and complete all boxed areas that apply. The form may then be faxed or mailed to WHF at the address below. Visit us on the web at www.womensheartfoundation.org. WHF is a 501 (c) 3 public-supported charity. EIN # 22-3176-344. WHF is registered with the New Jersey Division of Consumer Affairs.

CONTRIBUTION CATEGORY:

	[] General donation (unrestricted)		
1	Restricted donation		
For WHF's building fund. Goal: to raise \$500,000 to build a Women's Heart Wellness Center.			
	Other:		
ı	[] Pledge		
ı	[] Monthly deduction. Please debit my credit card in the amount of \$ (This amount will be deducted the 20 th day of each month).		
I	[] Corporation Matching Gift		
	Name of Corporation:	url:	
	Mailing address:		
	Contact person:	Phone:	Fax:
	Email:		
DONOR IN	IFORMATION:		
	Your Name: Email:		
	Address:		
	City:	State:	Zip:
	Daytime phone:	Fax:	·····
PAYMENT	INFORMATION:		
YES! I wa	ant to make a tax-deductible contribution	in the amount of \$	
	VISA	MasterCard	
Charge to	o my [] Visa [] Master Ca	ard MasterGard [] Amx CARD NUMBER	<u> </u>
NAME ON CARD: EXPIRATION DATE:			
DEMIT	AYMENT TO: WHF · PO BOX 7827 · W	EST TRENTON NI 00600	