



DONOR INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

- YES, I would like to be added to your e-mail list.
- YES, I would like to be added to your mailing list.

GIFT INFORMATION

For now all donation must be made in checks or money orders.

- Enclosed is my gift of \$_____ (Please make check or money order payable to **Students With Heart Foundation**).

Mail form and check or money order to:
Students with Heart Foundation
7900 Harbor Island Dr. Suite 509
North Bay Village, FL 33141

For any questions please email us at: info@studentswithheart.org or feel free to call us at (325)728-0138

IN HONOR OF SOMEONE SPECIAL

If you would like to make your gift in honor of someone special fill out the information below. This section is optional. We will send a card to your gift recipient.

Name		
Address		
City	State	Zip

Message (optional to be included in your card)

HELP US PLAN FOR THE FUTURE

Let us hear from you about the giving opportunities we offer or any other comments.

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