



**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](mailto: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.*

--