



Hopeful Hearts Donor Pledge

Our mission is to improve the lives of grieving children and their families by providing support in a safe and caring environment, where all are welcome, and where families can grow through the healing process.

Donor Information (please print or type)

Name _____

Billing address _____

City, State, ZIP Code _____

Telephone (home) _____

Telephone (business) _____

Fax _____

E-Mail _____

Pledge Information

I/We pledge a total contribution of \$ _____

I/We plan to make this contribution in the form of
_____ cash _____ check

Donation Recognition Levels

___ Friends of Hopeful Hearts	under \$100
___ Child Sponsor	\$ 100 - \$ 999
___ Family Sponsor	\$1,000 - \$2,499
___ Hopeful Hearts Sponsor	\$2,500 and over

Acknowledgement Information

_____ I/We wish to have my/our gift dedicated *in memory of* _____
Name

_____ I/We wish to have my/our gift dedicated *in honor of* _____
Name

_____ I/We wish to have my/our gift remain anonymous.

_____ Signature(s) _____ Date

Please make checks or other gifts payable to:

Hopeful Hearts
850 Hospital Road
Medical Arts Building, Suite 3000
Indiana, PA 15701

Are you interested in volunteering with Hopeful Hearts? _____

Do you know of a family who might benefit from our support? _____

Do you know of an individual or entity that might want to make a contribution? _____

The Visiting Nurse Association (VNA) of Indiana County is a 501(c)(3) non-profit organization, donations to which are tax deductible to the fullest extent permitted by law. The official registration and financial information of the VNA of Indiana County may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Net proceeds benefit all programs and services of the VNA not otherwise funded by the government.

