



Caring Hearts Society Pledge Form

Name: _____ Title: _____

Organization: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

I would like to join the Heartspring Caring Hearts Society with a continuing monthly gift of \$_____ (\$10 minimum).

- Please send me a reminder each month so that I can mail my contribution
- Through my credit card (VISA, MasterCard or American Express)

Card number: _____ Expiration date: _____

By signing below, I authorize Heartspring to initiate transfers directly from the account specified above on or around the 20th of each month. I understand that a record of my gifts will appear on my credit card statement. Donors will be recognized at the corresponding level of the sum of gifts received during the fiscal year (July 1-June 30). If I wish to increase, decrease or suspend the amount charged, I will contact Heartspring Development at 316.634.8740.

Signature: _____ Date: _____

Thank you for supporting Heartspring through our monthly giving program. Charitable gifts made to Heartspring are tax-deductible to the fullest extent of the law, as no goods or services are provided in exchange. Please send your completed pledge form to Heartspring Development, 8700 East 29th Street North, Wichita, Kansas 67226. Please contact us at 316.634.8740 with any questions.

(Please retain bottom portion for your records.)

Thank you for joining the Heartspring Caring Hearts Society, the monthly sustained giving program. You have agreed to a monthly gift to be charged to your credit card or have agreed to send a monthly donation in the amount specified. Credit card transactions will occur on or about the 20th day of each month. A record of your gifts will appear on your credit card statement. You will be recognized at the corresponding level of the sum of your gifts received during the campaign year. If you choose to increase, decrease or suspend your monthly gift, please contact Heartspring Development at 316.634-8740 or send a written request to Heartspring Development, 8700 East 29th Street North, Wichita, Kansas 67226.

Monthly gift amount: \$_____ Account: _____ Date sent: _____