

Mission

Arizona Heart Foundation is a 501(c)(3) nonprofit organization committed to the fight against cardiovascular disease through professional education and public awareness.

Print and complete this form, then mail it with your check or credit card information to: Arizona Heart Foundation 1313 E. Osborn Rd, Suite 225 Phoenix, AZ 85014

YOUR INFORMATION

| Name: | | | |
|--------------------------|------------------------|--------------------------------------|----------------|
| Address: | | | Apt: |
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| GIFT INFORMATION | | | |
| ☐ One-time Gift | ☐ Monthly Gift | Duration of Gift: | |
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| I am donating in memory | / of: | | |
| Please send donation ack | knowledgement to: | | |
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| Address: | | | Apt: |
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| On behalf of:(Donor N | lame) | | |
| PAYMENT INFORMAT | ION | | |
| □Check Enclosed (Check | ks should be made paya | able to the Arizona Heart Foundation | |
| Amount of Donation: \$_ | | | |
| Credit Card Type: □Visa | a □ Discover □ AMEX | 〈 □ Mastercard | |
| Credit Card Number: | | Expiration Date: | Security Code: |

The donation you have given today will help us continue the education programs that are so important to the elimination of heart disease - America's most deadly chronic illness.

The Arizona Heart Foundation appreciates your generous support.