

Return White Copy, keep Yellow Copy

Expiration date: _____ Authorized Signature: _____

Credit card number: _____

Credit card type: _____ American Express _____ MasterCard _____ Visa

My (our) monthly pledge of \$ _____ may be automatically charged to my credit card account for _____ months.

I (we) plan to make this contribution in the form of: _____ cash _____ check _____ credit card _____ other.

I would like my donation to go to _____ HEAL _____ the HEALing House _____ split 50/50.

I (we) pledge a total of \$ _____ to be paid: now monthly for _____ months yearly for _____ years.

Pledge Information

Payment	<input type="checkbox"/>	Enclosed is my first check.
	<input type="checkbox"/>	Charge my credit card now.
	<input type="checkbox"/>	Please contact me about paying my pledge with stock.
	<input type="checkbox"/>	My company matches my donations.

Home Phone _____ Cell Phone _____

Email _____

City, State, Zip _____

Address _____

Company/Org _____

Name _____

Yes, Happily Ever After League can count on my support:

The Happily Ever After League's mission is to nurture, facilitate and provide support services to mothers diagnosed with cancer living with at least one dependent child.



Pledge Form



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