

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 \_\_\_\_\_

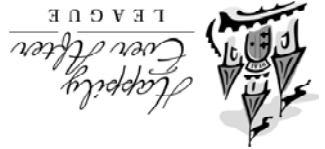
City, State, Zip \_\_\_\_\_

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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Company/Org \_\_\_\_\_

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City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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