

Yes - I would like to support Midwest Heart Foundation and its programs

This donation is on behalf of a company - Please indicate Company Name: \_\_\_\_\_

I prefer to make this donation anonymously

Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime  
Phone: \_\_\_\_\_

Donation Types	
\$ _____	<b>General Donation</b>
\$ _____	<b>Young Hearts for Life Cardiac Screenings</b>
\$ _____	<b>Research</b>
\$ _____	<b>Education</b>

Payment Information:

My personal check is enclosed

My company will match my gift - Company Contact Information: \_\_\_\_\_

Please charge my credit card (Visa and MasterCard are accepted)

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Card Expiration

\_\_\_\_\_  
Security Code

My gift is in Celebration of: \_\_\_\_\_

My gift is in Memory of : \_\_\_\_\_

Please Notify:	_____
	Name
	_____
	Address
	_____
	City, State Zip

Please send this form along with your contribution information to:  
**Midwest Heart Foundation, 1919 South Highland Avenue, Suite 201B, Lombard, IL 60148**