

GIVING FORM – Saving Young Lives

Championship Hearts Foundation provides free heart screenings for Texas youth. Your thoughtful gift will help save lives and allow our children to “play it safe”!



P.O. Box 141292 • Austin, TX 78714
(512) 900-3243 • www.champhearts.org

When you participate through online giving, your donation will be transferred conveniently from your account directly to Championship Hearts Foundation. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

I'd like to make a ___ Monthly donation **OR** ___ One-time donation.

Please process my donation on the ___ 1st of the month **OR** ___ 15th of the month

\$ ___ General Donation

\$ ___ Restricted (please specify): _____

\$ ___ TOTAL DONATION AMOUNT (required)

In Memory/Honor of: _____

Please send an acknowledgement to (Name & Address): _____

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking account or credit/debit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my donation any time through the online donation form at www.champhearts.org or by contacting Championship Hearts Foundation by phone or mail. All donations provided to Championship Hearts Foundation comply with U.S. Law.

 **Credit Card Number** _____ **Expiration Date** ___ / ___

Signature (Required) _____ **Date** _____

KEEP THIS PORTION FOR YOUR RECORDS

You may increase, decrease, or suspend your donation any time through the online donation form at www.champhearts.org or by contacting Championship Hearts Foundation by phone or mail. All donations provided to Championship Hearts Foundation comply with U.S. law.

Record your donation information:

___ Monthly donation **OR** ___ One-time donation processed on the ___ 1st **OR** ___ 15th of the month

To: \$ ___ General Donation **OR** \$ ___ Restricted (please specify): _____

\$ ___ TOTAL DONATION AMOUNT

In Memory/Honor of: _____

Please send an acknowledgement to (Name & Address): _____