



## Membership Pledge

In Support of Sacred Heart Women's & Children's Hospital

*The Next Generation of Giving to Our Community – Today!*

Name: \_\_\_\_\_

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

City/Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

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

As a member of **300 Hearts** and a supporter of **Sacred Heart Women's & Children's Hospital**, I want to personally make a difference for the sick & vulnerable children throughout the Gulf Coast and have a direct impact on the healing ministry of Sacred Heart. By joining together with others in the community, our annual gifts will have a significant impact in furthering the mission of Sacred Heart in our community. It is my intention to contribute \$300.00 annually with the understanding that I may participate in its collective designation at the annual meeting of **300 Hearts**.

*Following is my membership pledge:*                      **Annual Membership \$300.00**

- One time, in full**
- \$100 a month for three consecutive months**
- Monthly payments, beginning current month thru June 15, 2010.**

\_\_\_\_ Check Enclosed      Credit Card: \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ Amex \_\_\_\_ Discover

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

\*credit card gift(s) will be processed through Groundspring.org

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

■ Sacred Heart Foundation ■  
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■ 850-416-4660 ■ Fax 850-416-4664 ■ cathy.laird@shhpens.org

