



ANN ARBOR

# Ele's Place Ann Arbor Healing Hearts Society 2022 Pledge Form

**I/We would like to make a multi-year commitment by joining the Healing Hearts Society today**

**Gift of Hope:** \$1,000 annually for 3 years - OR - \$83.33 monthly for 36 months \*

**Gift of Compassion:** \$2,500 annually for 3 years - OR - \$208.33 monthly for 36 months \*

**Gift of Friendship:** \$5,000 annually for 3 years - OR - \$416.66 monthly for 36 months \*

**Gift of Love:** \$10,000 annually for 3 years - OR - \$833.33 monthly for 36 months \*

**- OR -**

*(Please circle annually OR monthly)*

I/We would prefer to make a **one-time gift** in the amount of \$ \_\_\_\_\_

I/We would prefer to make a **recurring gift** in the amount of \$ \_\_\_\_\_ to be paid annually - OR - monthly with an **End Date** of \_\_\_\_\_ (Optional) \*

*(Please circle annually OR monthly)*

**Each donation of \$600 provides a child or teen peer grief support for one year. Donations of any amount are welcome and appreciated.**

## Method of Payment Information:

My/Our check is enclosed, payable to: **Ele's Place** Ck # \_\_\_\_\_ (Please note "Ann Arbor" on check.)

Please charge my/our credit card. Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Code: \_\_\_\_\_

**I/We would like to cover the credit card processing fees, therefore increasing the donation.**

Please contact me/us. I would like to pay my donation with a gift of stock, from my IRA account or donor-advised fund.

\_\_\_\_\_  
*Preferred Contact Phone Number*

\_\_\_\_\_  
*Best Day/Time to Contact You*

My/Our company will match my gift. Company Name: \_\_\_\_\_  
*(Thank you for asking your employer if they have a matching gift program.)*

Please contact me/us so I/we can learn how to leave a legacy and help future generations of grieving children and teens through my will or estate plan.

\_\_\_\_\_  
*Preferred Contact Phone Number*

\_\_\_\_\_  
*Best Day/Time to Contact You*

**\* After your initial monthly gift, recurring monthly gifts will be charged to your credit card on file each month thereafter.**

**\* Annual gift reminders will be sent to donors with information on how to pay online or by check.**

## Billing Information:

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number : \_\_\_\_\_

*Home/Cell (Please circle one)*

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

I/We would like to be recognized as "Anonymous" donors



**Scan to Donate  
Online**



Ele's Place Ann Arbor  
5665 Hines Drive, Ann Arbor, MI 48108 · (734) 929-6640 · www.elesplace.org

*Ele's Place is a 501(c)(3) tax-exempt nonprofit organization.*