

## Heartbeat International Mail-In Donation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

You have my permission to receipt and update me by email.

### Use My Gift to:

Develop leaders for the pregnancy help movement worldwide

Connect women considering abortion to Heartbeat's pregnancy help centers through Option Line.

As needed or Other \_\_\_\_\_

### Giving Method

Enclosed is my check payable to Heartbeat International \$ \_\_\_\_\_

Please charge my credit card once for \$ \_\_\_\_\_

Credit Card

Card type  Visa  M/C  Discover Card  American Express

Account # \_\_\_\_\_

Expiration \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature \_\_\_\_\_

Mail to: Heartbeat International  
665 E. Dublin-Granville Road  
Suite 440  
Columbus OH 43229

Phone: 614-885-7577  
Toll Free: 888-550-7577  
Fax: 614-885-8746