



# Heart of the City HEALTH CENTER

## **Donation and Pledge Form** (Please fill out and print using the Print Button at the bottom. Don't forget to sign!)

Name

Organization Name  
(If applicable)

Billing Address

City

State

Zip

Home Phone

Work Phone

Fax

e-mail

Please use the following name(s) in all acknowledgements:

I (we) donate/pledge a total of \$ \_\_\_\_\_ to be paid in equal installments:

Now

Quarterly

Semi-annually

Annually for

Years

I (we) make this donation in the form of:

Check

Credit Card

### **Credit Card Information**

Credit card number:

Expiration Date:     /     ( MM / YYYY )

Security code:

This is a 3-digit value printed on the signature panel on the back of your card immediately following the credit card account number.

Authorized Signature \_\_\_\_\_

Please make checks payable to **Cherry Street Health Services**

Send completed form to: Cherry Street Health Services  
Attn: Development Office  
540 Cherry Street SE  
Grand Rapids, MI 49503