



Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____
 Email _____

**BY GIVING TO CHILDREN'S HEARTLINK,
 YOU'RE GIVING A CHILD A SECOND CHANCE.**

- \$2,500 Provides a life-saving heart operation for a child in need
- \$1,000 Will finance essential medical supplies for an operation
- \$500 Will supply critical training materials for cardiac nurses
- \$100 Will pay to diagnose a child with heart disease
- \$25 Will deliver a month's supply of preventative medication for acquired heart disease to one child

Other Amount \$ _____

Visa
 Mastercard
 # _____ Exp. Date _____

Please make checks payable to Children's HeartLink.



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