



Yes! **I'D LIKE TO HELP HEARTBEAT OF MIAMI THRIVE**
to serve the thousands of women and babies whose lives hang in the balance.
I understand that without my help now, this ministry may be forced to close.

Retain this portion for your records

Thank you! Your faithfulness is changing lives. Should you have any questions or changes, call (305)863-2155.

Bank Account/Credit or Debit Card: _____ Date of Transfer: 5th or 20th

Gift Amount \$ _____ Monthly Check #: _____

PLEASE MAIL THE FORM WITH DONATION TO: Martha Avila · Heartbeat of Miami · 5465 NW 36th Street · Miami, FL 33166

Return the form below

Please accept my gift today of \$ _____

I'd like to become a monthly **Heart for Life Giver**

by giving \$ _____ per month.

PERSONAL INFORMATION

Name on account: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Permanent email: _____

Phone: _____

Home Church: _____

PAYMENT METHODS

Please send receipt(s) to my: Email Mailing address

CREDIT CARD VISA M/C Discover American Express

Card # _____ Exp: ____/____

Signature: _____ Date: _____

ELECTRONIC GIVING *(most effective)*

Beginning _____ *(fill in month)*

I request my bank or credit card company to monthly transfer funds on the
5th or 20th *(circle one)* in the amount of \$ _____ (US) until further notice.

I understand I am in full control of my donation and anytime I wish to make
changes I will contact this organization.

Checking *(include a voided check)* **Savings** *(included a voided deposit ticket)*

CHECK ENCLOSED *(payable to "Heartbeat of Miami")*