



**GOA-AMERICA HEART FOUNDATION INC.**

PLEDGE

Date \_\_\_\_\_

Your Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

I am willing to consider tax-deductible contribution of  
one time \$ \_\_\_\_\_ annually \$ \_\_\_\_\_ for \_\_\_\_\_ years

Without obligation or commitment, please contact me

Phone # \_\_\_\_\_ Best time to call (a.m. or p.m.) \_\_\_\_\_

Can you help GAHF in any way? \_\_\_\_\_

Please mail this pledge form to:

Victor DeSa

GAHF Inc.

P.O. Box 331

Churchville, NY 14428