



**GOA-AMERICA HEART FOUNDATION INC**

PLEDGE

Date \_\_\_\_\_

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

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_ email \_\_\_\_\_

I am willing to consider a 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:

GAHF Inc.

810 Carlton Blvd.

Staten Island, NY 10312