



Hearts of Harvest Foundation

“The Giving of One Heart to Another”

Enclosed is my tax deductible gift to “Hearts of Harvest Foundation”.

___ Friend (\$25-99) ___ Heart of courage (\$100-499) ___ Heart of Compassion (\$500-999)

___ Heart of Care (\$1000 or more) ___ Heart of Vision (\$2500 or more)

I wish to give \$_____ to help children of our community who are in a health crisis.

Name _____ MC/Visa _____ Exp Date _____

___ I would like to remain anonymous.

___ I wish to volunteer a minimum of 6 hours for HOHF and be a Friend For HOHF.

___ I wish to receive HOHF bi-annual newsletter and receive email updates.

I would like my contribution applied to:

___ Hearts of Harvest Foundation

___ JP Matters of the Heart Fund Program (This program helps local children in health crisis)

___ “Fields For Future” Endowment (Investing in the future of HOHF)

Please send receipt of contribution to:

Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

In Memory of: _____ In Honor of: _____

Please send notification of my gift to: (amount not included)

Name: _____

Address: _____

City/State/Zip: _____

Please mail this completed form to: (Checks made payable to **Hearts of Harvest Foundation**)

Hearts of Harvest Foundation

793 South Tracy Blvd. #149

Tracy, CA 95376

Hearts of Harvest Foundation is registered as a 501-C non-profit public corporation. Contributors receive a tax benefit to the extent permitted by law. HOHF non-profit number is #68-0527439

