

Thank you for your generous gift to the American Heart Association. Your charitable estate gift will support our mission to be a relentless force for a world of longer, healthier lives.

Address:		City:		Sto	ute:	_ Zip:
Phone: ()	En	nail:				
Date(s): of birth:	_/ / and _	//_				
circle in the Association Membership and a la	you become a member on's Cor Vitae Society. pel pin honoring you a chpoints throughout th	As part of our is a society m	Cor Vitae Socie	ty, you will	receive $\boldsymbol{\alpha}$	Certificate of
You also have the opp	portunity to recognize	your gift in h	onor of a loved o	ne if you se	elect and	fill out the below.
☐ I/we would like to b	e recognized in the fol	lowing way:	□ Please recog	ınize this gi	ft in 🗆 ho	nor or 🛭 memory of:
☐ I/we would like to re						
Signature:			Date:	/	/	
Signature:			Date:	/	/	
Optional Information	1					
your heirs, or your est	s membership form do ate. In addition, the As make changes to you	ssociation und	derstands that t	ne size of y	our gift m	ay differ from the
The approximate valu	ue of my/our gift is \$					
Type of Gift						
,	☐ Retirement fund☐ Life insurance		⊒ Real estate		_	

Please return this form to: American Heart Association Charitable Estate Planning Division 7272 Greenville Avenue Dallas, TX 75231

Name(s).