

Donor Advised Gift Designation Form

When making a gift through a Donor Advised Fund, the account holding organization may choose not share your information with us. Please fill out the information below to inform us of your gift so we can thank you for your generosity and provide tax acknowledgment documentation.

Foundation/Organization Is	suing your donation:	
Donation Amount: \$		
Your Information:		
First Name	Last Name	
Address		Apt/Suite No
City	State/Province	Zip
Email	Phone	
	emory of 🗆 In honor of Name :	
-	ment card for this donation to:	
	State	Zip

Gift matching:

Many companies match charitable donations from employees, spouses, and retirees. Ask your Human Resources department to find out if your company is eligible. Submit completed forms to <u>donations@hrsonline.org</u>.

 \Box I am interested in matching this gift through my employer.

Company Name

Submit your completed form by mail or email: Heart Rhythm Society Attn: Development Department 1325 G St., NW, Suite 500 Washington, DC 20005 Email: <u>donations@hrsonline.org</u>