

MY HE♥RT'S APPEAL, INC.

EVERYONE CAN BE PRODUCTIVE

Individual Client Sponsorship and General Donation Form

We wish to support the following	named client:		
Client One	Client Two		General Sponsorship Pool
☐ Monthly ☐ Yearly ☐	Quarterly ☐ BI-Weekly ☐ Week	ly 🗖 One Time Gift Pro	ogram/s
☐ Monthly ☐ Yearly ☐	Quarterly ☐ BI-Weekly ☐ Week	ly 🗖 One Time Gift 🏻 Pr	ogram/s
△Bigma's Care Plac	e (BMC)		
(Two Meals, a Snack	and Transportation provided by	MHA)	
□\$10.00 Monthly □	\$120.00 Yearly 🗆 \$30.00 Quarte	rly □\$60.00 Bi-Yearly	
△Special Needs Day	Program (SNDP)		
□\$50.00 Monthly □\$	500.00 Yearly □\$125.00 Quart	erly □\$25.00 Bi-Mont	hly □\$12.50 Weekly
City:	State:	_Zip:	Phone :()
Email:			
ethod of payment 1: Mail			
Enclosed is my check payable	e to My Heart's Appeal, Inc.: \$	□Client	Sponsorship General Operations
Please charge my:Visa	aMasterCardDiscover	American Express _	Other
Your signature:		CSC#	
Credit card number:	Expiration date:		
Name as it appears on credit	card:		

Please print and mail form & check to: My Heart's Appeal, Inc. 5909 NW Expressway, Suite 224, Oklahoma City, Oklahoma 73132.

Method of payment 2: Electronic Recurring donations for MHA Programs Sponsorship are the best way to give steady support.

Donors can contribute 100% directly through www.umcmission.org/give, Project 3022086 **The Advance**: United Methodist Mission (Global Health) My Heart's Appeal for the Intellectual Disabled /and designate donation category; or through mobile phone app https://cash.app/\$Myheartsappeal (443-474-8031/Lovetie Major) than Email: info@myheartsappeal.org your contact/address.