

# CHD AWARENESS, INC.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Donation Type:**    **Personal Check:**    \_\_\_\_    **Money Order:**    \_\_\_\_    **Item(s):**    \_\_\_\_

**Donation Amount or Value:** \_\_\_\_\_

**If it is an item(s) you wish to donate, please list them below:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Donate In-Kind Products:**

Office Equipment and Supplies  
Printing (flyers, newsletters)

**Services - Help - Support - Entertainment**

Music for PR/fundraising events  
Venues for PR/fundraising events  
Catering for PR/fundraising events  
Entertainment for PR/fundraising events  
Children's activities for PR/fundraising events  
Event Volunteers

Please return this form with your donation to:

**Congenital Heart Defects Awareness, Inc.  
1996 Hartford Turnpike  
North Haven, CT 06473**

Please make your check or money order payable to CHDA Inc.

Unless otherwise noted, your gift will be used by CHDA Inc for the project(s) CHDA Inc. determines is in need of funds. Congenital Heart Defects Awareness, Inc. is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code. Contributions are tax-deductible to the extent allowed by law.