

# HEALING HEARTS NEWS - Subscription Renewal



We hope that our monthly newsletter has been helpful to you. We send the newsletter to new subscribers free of charge for the first year. After that there is a small fee for renewals. This fee is needed to cover the newsletter costs (printing, paper, & postage) as well as other expenses.

To assure continued receipt of the monthly newsletter, please complete and return this notice by the end of next month. If we do not hear from you, your subscription will be cancelled.

Just make check payable to *Healing Hearts\** and send the completed form to:

*Healing Hearts*, PO Box 56, Black Diamond WA 98010

Or you can go to our web site: **www.healingheart.net** and use the *Subscription Renewal* form.

*\*We are a nonprofit organization. All contributions are tax deductible.*

( ) Enclosed is a payment of \$12.00 for a one-year subscription sent to me via US Mail. \$ \_\_\_\_\_

( ) Enclosed is a payment of \$3.00 for a one-year subscription sent to me via e-mail. \$ \_\_\_\_\_

*Preferred e-mail format:* \_\_\_ **Text** \_\_\_ **Acrobat PDF file Attachment** \_\_\_ **Link to Acrobat PDF file**

*(Any of the above options helps to reduce our costs...Thanks)*

( ) Enclosed is an additional contribution given in memory of my loved one(s). \$ \_\_\_\_\_

**TOTAL AMOUNT \$** \_\_\_\_\_

I would like to pay for my subscription using my credit card.

( ) VISA ( ) Mastercard ( ) Discover Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

( ) YES, I would like to be a pen pal. Go ahead and put me on the "Pen Pal Page". I would like my family to appear:

\_\_\_ **Both** on the Web site and in the Newsletter \_\_\_ in the **Newsletter only** \_\_\_ on the Healing Hearts **Web Site only**

( ) YES, I would like to support the Healing Hearts families by sending "Thinking of You" note cards to them when birth dates or heaven dates are approaching.

( ) YES, I would like to help Healing Hearts by offering support to grieving families over the phone.

(Your contact information will not be shared with anyone.) My Phone Number is: \_\_\_\_\_

( ) YES, I would like my family to appear on the Prayer Page: (If left uncompleted, we will continue to publish according to the original request.)

\_\_\_ **Both** on the Web site and in the Newsletter \_\_\_ in the **Newsletter only** \_\_\_ on the Healing Hearts **Web Site only**

( ) I am unable to pay for a subscription at this time, please pay for my renewal with available grant money.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Child (In case of name similarities): \_\_\_\_\_