



If you prefer to mail your contribution, simply complete this form and mail it, along with your check or money order to:

Healing Heroes Network
31640 US Hwy 19 N. ~ Suite #2
Palm Harbor, FL 34684

Personal Information

Title/Salutation: *

First Name: *

Last Name: *

Address Line 1: *

Address Line 2:

City: *

State/Province: *

Zip/Postal Code: *

Country: *

Phone Number:

Email Address: *

- Yes! Healing Heroes Network may contact me at the e-mail address above.
- I prefer that this contribution remains anonymous.
- I would like my donation to be directed to the "HERO" fund, guaranteeing that 100% of my donation goes to program services.

Donation Information

Please select the amount you are donating

\$25 \$50 \$100 \$250 Other _____

Additional Information

- This donation is made in dedication to an individual
- In Memory of
 - In Honor of
 - As a gift for

Dedication Name: *

Address: