



MEMBERSHIP INFO

Print and send to Little Hearts, Inc. P.O. Box 171 Cromwell, CT 06416

If you would like to receive any of the support services we offer or would like your contact information given out to another family for a parent match, please send in a membership form. There is no membership fee and all personal information is kept confidential.

Name of parent/grandparent/guardian of the heart child or self if you're an adult with a CHD

Mailing Address

City/State/Zip Code

Phone Number

Email Address

Name

Date of Birth of individual with CHD

Name of Heart Defect(s)

Name of Surgery & Dates of Surgery

Hospital/Surgeon/Pediatric Cardiologist used

Siblings and Birth Dates

Please check off which support services you are looking for:

Find me a match Give out my name for a match Email Support Group Newsletter Listing of Resources

Interested in any of our items? Feel free to place an order with your membership form:

Awareness Window Cling \$5.00 Tote Bag with "I Have a Special Heart" artwork \$24.00 Hat \$17.00
 2010 Yearly Calendar \$25.00 Magnet \$1.00 Sports Bottle 16oz \$5.00 Awareness Car Ribbon \$6.00
 Awareness T-Shirt \$12.00 Wristband YOUTH \$2.00 Wristband ADULT \$2.00 Lapel pin \$4.00

How did you learn of Little Hearts? Google Heart Parent PC Website Link Other _____

Would you like to make a donation? A monetary contribution would be greatly appreciated. Please make your check payable to Little Hearts, Inc. or donate online. Enclosed is my tax-deductible donation of \$ _____.

I give Little Hearts, Inc. permission to release my contact information (email address and/or telephone number) for parent matching. I understand that my personal information will not be released to mailing lists and advertisers.

Signature

Date