



Contribution Form

Please print this page, fill it out, and return it – along with your tax-deductible contribution – to the address at the bottom of the page.

Yes, I want to contribute to H.E.A.T. I am enclosing my tax-deductible contribution in the form of a check or money order.

Amount of Contribution: \$ _____

Name: _____

Company (if applicable): _____

Address: _____

City/State/Zip

Phone (optional): _____

Fax (optional): _____

E-mail (optional): _____

Your cancelled check is your receipt. In addition, if you would like an acknowledgement letter, please check here ().

Thank you for your contribution. Please feel free to call the H.E.A.T. office at 678-406-0212 if you need additional information.

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