



**Heart  
Rhythm  
Society<sup>SM</sup>**

## Heart Rhythm Society Pledge Form

*Thank you for your commitment to support our mission to end heart rhythm disorders.  
Please complete this form to make your pledge.*

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### DONOR INFORMATION

Name (Individual or Organization): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer (for matching gifts) (Optional): \_\_\_\_\_

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### PLEDGE DETAILS

I/We pledge to contribute:

- Total Amount: \$ \_\_\_\_\_
- Amount (per installment, if recurring): \$ \_\_\_\_\_
- Frequency:
  - One-time
  - Monthly
  - Quarterly
  - Annually
- **Payment Method:**
  - Online via [HRS Donation Portal](#)
  - Credit Card (HRS will contact you to obtain credit card information)
  - Check (payable to Heart Rhythm Society)
  - Bank Transfer (Wire/ACH information will be provided)

### Installments:

- First payment date: \_\_\_\_\_
- Total Number of Installments: \_\_\_\_\_

### Recognition Preference:

- Please acknowledge my pledge publicly
- I wish to remain anonymous



**Comments or Special Instructions** (e.g., designation of gift, tribute info, etc.):  
Use this space to share any special instructions, tribute information (in honor/memory of), preferred use of funds (what you would like your gift to support), or communication preferences.

**Please send an acknowledgment to:**

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

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

City, State, Zip: \_\_\_\_\_

**AUTHORIZATION**

I/We understand and agree to fulfill this pledge commitment to the Heart Rhythm Society:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Return Instructions**

Please return this completed form to:

**Heart Rhythm Society**  
**Email:** [donations@hrsonline.org](mailto:donations@hrsonline.org)

For questions or assistance, contact Tonia Jones at [tjones@hrsonline.org](mailto:tjones@hrsonline.org) or 202-464-3418.

**Thank You for Your Support!**  
Your generosity helps us make a difference.