



Supporting Families Affected By Congenital Heart Defects



MEMBERSHIP FORM

Parent(s) Name (Last/First) _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone Number _____

Heart Child's Name _____ Date Of Birth _____

Heart Defect(s) _____

Name and Dates of Surgery _____

Other Diagnoses _____

Siblings and Dates of Birth _____

Hospital _____

Surgeon _____

Cardiologist _____

How did you hear about Helping Hands Healing Hearts? _____

Do You have a carepage or web page? (Circle One) Yes No

Would you like to share the address (URL)? _____

Would you like to be included in any Parent Matching Program? (Circle One) Yes No

Is there anything else you would like to share? _____

Membership to Helping Hands Healing Hearts is Free, but donations are welcome and appreciated, and will be used to further our mission of supporting families affected by CHD's. All donations are tax deductible. (You can also make secure donations through our website)

Donation Amount _____