



# The Heart of Our Community Campaign

Join local businesses, organizations and individuals in supporting the Highline Medical Center Foundation through **The Heart of our Community Campaign!** To join, donate \$500 and receive a heart to decorate with your staff, friends or family and take part in a community wide fundraising competition in support of Highline Medical Center. One dollar = one vote and the heart that raises the most funds, will be prominently displayed at the hospital.

The purpose of this campaign is to bring our community together in support of the hospital and to raise awareness of the Highline Medical Center Foundation's important mission to ensure everyone has access to exceptional healthcare close to home.

## CAMPAIGN SCHEDULE

- April:** Join the campaign by donating \$500 and receive a heart to decorate
- May:** Decorate your heart to show what you believe the "Heart of our Community" looks like
- June:** Hearts placed with donation boxes at local businesses and organizations
- July:** Hearts showcased and featured at community events
- August:** Community event and reception at Highline Medical Center – August 14th
- October:** The Heart that raises the most funds will be recognized at Highline Medical Center Foundation's annual *To Your Health!* Gala – October 12th

**HIGHLINE** MEDICAL CENTER  
FOUNDATION

[www.supporthighline.org](http://www.supporthighline.org)

# HIGHLINE MEDICAL CENTER FOUNDATION

I confirm and agree to purchase a Heart for \$500.

\_\_\_\_\_  
AUTHORIZED PERSON (PRINT)

COMPANY    GROUP    INDIVIDUAL   LOCATION OF HEART \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## CONTACT & BILLING INFORMATION

CHECK – Made payable to Highline Medical Center Foundation    CREDIT CARD

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXP. DATE

\_\_\_\_\_  
CVV (three digit code on back)

\_\_\_\_\_  
SIGNATURE

**Please return this completed agreement to:**

Highline Medical Center Foundation  
16259 Sylvester Road SW #101, Burien, WA 98166

**Or pay on-line at [www.supporthighline.org/hearts](http://www.supporthighline.org/hearts)**

**For more information, or to make a payment over the phone, contact:  
Kaycee Kiesz at 206.901.8508 or [ckiesz@highlinemedical.org](mailto:ckiesz@highlinemedical.org)**