



# Mended Little Hearts

A program of The Mended Hearts, Inc.

Membership is open to all parents and caregiver to CHD children, CHD adults and anyone who is committed to helping us fulfill our mission.

To become a member, simply complete this form and send the completed form to:

**Mended *Little* Hearts**  
c/o Christy Davis  
13013 Glenshade Drive  
Midlothian, VA 23114

## MLH Richmond Membership Form and Questionnaire

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

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

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

\_\_\_\_\_

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

Vocation (optional): \_\_\_\_\_

DOB: \_\_\_\_\_

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

Family Membership (name of spouse): \_\_\_\_\_

Name of Heart Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Type of Surgery/Defect/Disease: \_\_\_\_\_

\_\_\_\_\_

Date of Surgery/Procedure: \_\_\_\_\_

Other Children:

1. \_\_\_\_\_ DOB: \_\_\_\_\_
2. \_\_\_\_\_ DOB: \_\_\_\_\_
3. \_\_\_\_\_ DOB: \_\_\_\_\_
4. \_\_\_\_\_ DOB: \_\_\_\_\_

- I am interested in  Bringing snacks to the meetings  
 Helping to plan special events  
 Fundraising  
 Networking with other parents/caregivers

Comments/Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_