



Bringing Health Care To Schools For Student Success

Please mail this form and your check or credit card information to:

NASBHC – Donations
1100 G Street, NW, Suite 735
Washington, DC 20005

Yes! I want to join NASBHC in transforming health care for America’s children.

Date: \_\_\_/\_\_\_/\_\_\_ (Please print all information clearly)

Enclosed is my gift\* of: \$1,000 \_\_\_ \$500 \_\_\_ \$250 \_\_\_ \$100 \_\_\_ \$ \_\_\_ (Other)

I would like to give my gift in monthly installments – if you choose this option, NASBHC will spread your donation out over a 12-month period, billing you each month. Please include the first installment with this form.

(This option is only available for donations of \$120 or more. Credit card contributions preferred.)

My name: \_\_\_\_\_

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

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

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

(Receipt will be mailed to the address above)

Thank you for your support. Please choose your payment method and return this form with your donation:

Check (Please make all checks payable to NASBHC.)

Credit card: AMEX \_\_\_ DISCOVER \_\_\_ MC \_\_\_ VISA \_\_\_
Card number: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

\*Your gift is 100% tax deductible.