



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: _____

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(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.