



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

School-Based Health Alliance
1010 Vermont Ave NW, Suite 600
Washington, DC 20005

Thank you for making a donation to support school-based health centers and assure that all children receive high-quality, comprehensive health care.

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 the School-Based Health Alliance 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 \$180 or more. Credit card contributions preferred. A minimum of \$15 is required for the monthly installment)

Donation Type*: General ___ Linda Juszczak Legacy Fund ___ Youth Fund ___

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 School-Based Health Alliance)

Credit card: MC ___ Visa ___ Card number: _____ Exp. Date: ___/___

**Your gift is 100% tax deductible. The School-Based Health Alliance is a 501 c(3) not-for-profit organization dedicated to promoting and supporting school-based health centers to assure that all children receive high-quality, comprehensive health care.*