



**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.*