

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____ Phone _____

My Guardian Angel is:

_____ Department: _____

(Use this space for special comments about your Guardian Angel)

Enclosed is my gift of: \$500 \$250 \$100 \$50 \$25 Other _____
(Make checks payable to NBIMC Foundation)

Please charge \$ _____ to my AMEX MasterCard VISA Discover

Card Number _____ Expiration Date _____

Name on card _____

Signature _____

NBIMC Foundation is a non-profit 501 (c) (3) organisation tax ID #22-2587176

Your gift is tax-deductible to the extent allowed by law.