

Print out, complete, and mail to:

9/11 Health Now
P.O. Box 745
Babylon, NY 11705



I am enclosing a check in the amount of \$_____ as a contribution to 9/11 Health Now.

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (optional) _____ Email: (optional) _____

This is an anonymous donation.

(Optional) Please designate this gift in honor of **or** in memory of the following person:

In HONOR of: (name) _____

Member of 9/11 Community? Yes No

(Optional): Designation (WTC, FDNY, NYPD, EMS, Volunteer, etc.) _____

In MEMORY of: (name) _____

Member of 9/11 Community? Yes No

(Optional) Designation: (WTC, FDNY, NYPD, EMS, Volunteer, etc.) _____

Donor's Name (as you wish it to appear on the acknowledgement): _____

(Optional) Please send an acknowledgement without reference to size of gift to:

Address: _____

City: _____ State: _____ Zip: _____

Contributions are acknowledged as soon as possible by US mail. For more information on our mission or giving opportunities please call 314-614-3245. Tributes of \$25.00 or more will be acknowledged in the next available *Outlook on 9/11 Health* newsletter unless donor prefers to remain anonymous.