



**NPH USA**  
 Raising Children. Supporting Families.  
 Transforming Lives.

Please mail this form to:  
**NPH USA – National Office**  
**134 North La Salle Street, Suite 500**  
**Chicago, IL 60602-1036**

Or fax to: **(312) 658-0040**

To charge your gift by phone, call **1-888-201-8880**.

*PLEASE PRINT ALL INFORMATION*

Date \_\_\_\_\_ Amount of Donation \$ \_\_\_\_\_

Your Name \_\_\_\_\_

Company Name \_\_\_\_\_  Will match my gift.

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

I prefer to be contacted by e-mail.

*Receipt will be sent to the above address.*

**TYPE OF DONATION**

General Donation

Gift In Memory of: \_\_\_\_\_

Gift In Honor of: \_\_\_\_\_

**Send tribute card to: (no amount will be mentioned)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

**How would you like the card to be signed?** \_\_\_\_\_

(Name or Names)

**PAYMENT METHOD**

I wish to pay by:  Check *Please make check payable to NPH USA.*  Money Order

Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

**We appreciate your support!**

Your contribution is tax-deductible to the extent provided by law. Tax ID # 65-1229309.

The Donor acknowledges that the NPH USA Board has the power and the duty to modify any restriction or condition on the distribution of funds for any specified charitable purpose if, in the sole judgment of the Board, such restriction or condition becomes unnecessary, incapable of fulfillment or inconsistent with the charitable needs designated. Read the full disclosure statement online at [www.nphusa.org/disclosure](http://www.nphusa.org/disclosure)