

NIRVANA HEALING FOUNDATION - MAIL IN DONATION FORM

Thank you for considering a donation to Nirvana Healing Foundation.

Your donation will make a positive impact on the lives of those suffering from brain injury.

YOUR DONATION (CIRCLE THE APPROPRIATE AMOUNT)

\$10.00 \$25.00 \$50.00 \$100.00 \$500.00 \$1000.00 \$ Other _____

PAYMENT INFORMATION

NAME OR BUSINESS NAME _____

Address _____

City _____ State _____ ZIP CODE _____

Email Address _____ (required for credit card donations)

Billing Phone Number _____ (required for credit card donations)

_____ **My donation is enclosed (Please make checks payable to NIRVANA HEALING FOUNDATION)**

CHARGE MY CREDIT CARD Visa _____ Master Card _____ American Express _____ Discover _____

Credit Card Number _____ CSC Code _____ Expiration _____

Name on Card _____

_____ *BILLING ADDRESS IS SAME AS THE PAYMENT INFORMATION ABOVE*

Billing Address _____

Billing City _____ Billing State _____ Billing Zip Code _____

Signature _____

THIS WILL BE A ONE TIME CHARGE (DONATION) UNLESS OTHERWISE INDICATED BY CHECKING THE BOX BELOW

_____ **MAKE THIS A RECURRING MONTHLY DONATION ON MY CREDIT CARD**

Nirvana Healing Foundation is exempt under the 501(c)3 of the IRS and this gift is tax deductible.

QUESTIONS: Sam Anhalt – Non-Profit Services
805) 693-7900
sam@nirvanahbo.com

Mail to: NIRVANA HEALING FOUNDATION
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