

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email address \_\_\_\_\_ Phone \_\_\_\_\_

My Guardian Angel is:  
\_\_\_\_\_  
Department: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(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.*