Yes! I want to help Trust for America's Health as it fights for public health solutions to protect communities from modern-day epidemics, from obesity to cancer to bioterrorism.

I wish to make my gift by:

☐ Check (made payable to Trust for America's Health)

☐ Visa ☐ MasterCard ☐ American Express

|__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| Card Number (Visa, MasterCard)

|__|__|__|__| |__|__|__|__|__|__| |__|__|__|__| Card Number (American Express)

|__|__| \ |__|__| Expiration Date _____ Signature (if charging)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

☐ My employer has a matching gift program. I will let them know of my contribution to Trust for America's Health.

My donation to Trust for America's Health is a (*please choose one below*):

☐ **General Donation**

☐ **Gift in Memory of**

Please send acknowledgment of the gift to:

Name: _____

Address: _____

City, State, Zip: _____

☐ **Gift in Honor of**

Please send acknowledgment of the gift to:

Name: _____

Address: _____

City, State, Zip: _____

The card should be signed: _____

Please print this form and mail it with your check or credit card information to:

Gift Office
Trust for America's Health
1707 H Street NW, 7th Floor
Washington, DC 20006

Thank you for your generous support. Your contribution is tax-deductible.
You will receive a letter confirming your contribution, which can be used for tax purposes.