



YES! I WOULD LIKE TO SUPPORT *ONE FOR HEALTH FOUNDATION* AND HELP UNDERSERVED KIDS WITH WELLNESS PROGRAMS AIMED AT IMPROVING HEALTH THROUGH YOGA AND NUTRITION.

Mr. Mrs. Ms. Dr. _____
NAME

ADDRESS

CITY STATE ZIP

PHONE E-MAIL

Gifts of \$500 or more are acknowledged in our Annual Report. Please tell us how you would like to be acknowledged: _____

Gift Amount: \$50 \$100 \$250 \$500
 \$1,000 \$2,500 \$5,000 Other \$ _____

- Enclosed please find my check payable to One for Health Foundation.
- We will send _____ shares of _____ stock. Please contact us with the broker's information at the phone number or email listed below.
- Please charge the above amount to my:
 - American Express Visa MasterCard Discover

CREDIT CARD NUMBER EXP. DATE

NAME ON CARD SIGNATURE

Matching Gifts: Corporate matching gift programs can increase your contribution. Please request the appropriate forms from your employer and send to the address provided below.

My employer will match my gift.

Company Name: _____

Please complete this form and mail or email it to OFH at:

One for Health Foundation
Attention: Tom Miller, Founding Partner/Director
290 South Street
Walpole, Mass. 02181
Email: contact@oneforhealth.org | Office Phone: (580) 850-7600

A tax receipt will be mailed to you once the gift has been received.

Thank you for your support!