

16 Centre Street, Concord, NH 03301 USA • Phone: 603.228.8808 • Fax: 603.228.8809 • www.ehd.org • ehd@ehd.org

Yes! I accept your invitation to support EHD's work of inspiring health through education. Thank you for your generous gift. Should you be interested in providing ongoing support, you may wish to take advantage of one of the convenient automatic payment methods described below.

Please complete, print, and sign this form and mail it to the address above. For additional giving options and learning opportunities, please visit www.ehd.org/support_options.php.





AMOUNT (in U.S. dollars)				ALLOCATION (optional) Indicate preferred allocation as a dollar amount or percentage.	
<input type="checkbox"/> 25,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 1,000	<input type="checkbox"/> 500	_____ General Fund (use where most needed)
<input type="checkbox"/> 100	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> Other _____		_____ Website Development
					_____ Website Translation _____ Language (optional)
					_____ School Distribution _____ State (optional)

FREQUENCY

Annual Quarterly Monthly One-Time Other _____

PAYMENT METHOD

Check Please make your check payable to The Endowment for Human Development.

Credit Card (circle type):     Card Number _____ Exp. MM / YYYY

For recurring gifts, please transfer my gift on the (check one): 15th 30th of the month beginning in the month of _____.

Name on Credit Card _____

I authorize The Endowment for Human Development to charge my credit card according to the amount and frequency indicated above. This authorization shall remain in effect until I notify EHD in writing that I wish to end this agreement, which I may do at any time.

Signature _____ Date _____

Billing address _____

Automatic Deduction: Checking Savings _____ Account # _____ Routing # _____

For recurring gifts, please transfer my gift on the (check one): 15th 30th of the month beginning in the month of _____.

I authorize The Endowment for Human Development to withdraw funds from my bank account according to the amount and frequency indicated above. This authorization shall remain in effect until I notify EHD in writing that I wish to end this agreement, which I may do at any time. I have enclosed a voided check to initiate checking account transfers.

Signature _____ Date _____

CONTACT INFORMATION

The Endowment for Human Development respects your privacy. All personal information will remain strictly confidential. We will never sell, lease, or rent your personal information.

Name _____ Company (if applicable) _____

Address _____ City _____ State or Province _____ Zip Code or Postal Code _____

Country (if outside the United States) _____ Phone _____ Email _____

Is this gift given in memory or in honor of someone? If so, please write the appropriate name(s) here _____

If desired, EHD will send an acknowledgement to the person(s) of your choice.

Name of person(s) receiving acknowledgement _____ Include your name Remain anonymous

Address _____ City _____ State or Province _____ Zip Code or Postal Code _____

Thank you for joining in the work of The Endowment for Human Development!

Your generous gift to EHD will help:

- Distribute DVDs to schools and hospitals
- Translate our website into additional languages
- Train teachers to use our materials in the classroom
- Improve human health across the country and around the world

Questions?
Please contact our giving specialist at 603.228.8808 or ehd@ehd.org.



THE ENDOWMENT FOR HUMAN DEVELOPMENT

EHD is a tax-exempt 501(c)(3) non-profit organization dedicated to improving students' health and health science education. EHD equips educators to help students appreciate, apply, and communicate the science of health and human development. Your contribution is tax deductible to the fullest extent allowed by law. EHD will send you a year-end receipt for tax purposes.