Dialogue4Health

PUBLIC HEALTH INSTITUTE®

Attention: Dialogue4Health
Public Health Institute
555 12th Street, 10th Floor
Oakland, CA 94607

I would like to invest in improving the Public's Health!

Dialogue4Health is improving the Public's Health through awareness, education, resources, and policy advocacy

I have enclosed the following gift of:

◯ $2,500 ◯ $1,000 ◯ $500 ◯ $250
◯ $100 ◯ $50 ◯ Other _____

Your contribution of $500 or more may be paid in installments over several months. We also encourage annual and quarterly pledges.

I pledge a total of $ _____ to be paid in installments over the following # _____ months/years or quarterly (choose one).

Please indicate if you prefer your contribution be used for:

We greatly appreciate your support.

For more information about Dialogue4Health or to make a credit card contribution, visit our website at Dialogue4Health.org

◯ Dialogue4Health

◯ A specific Public Health Institute program or PHI's General Fund:
_____
_____

Please print the following information.

Please make your check payable to Public Health Institute.

_____
Name

_____
Address

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City State Zip

_(____)_____(____)_____
Phone / day evening

_____(____)_____
Email Fax

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