



NEW LIFE BENEFIT FOUNDATION is a 501(C)(3), non-profit corporation that supports the development and practice of complementary integrative medicine (“CIM”). The Foundation supports CIM by providing funding for: (1) Education about medical alternatives; (2) Research in the area of medical alternatives; and (3) Financial Assistance for qualified patients in need of financial assistance for alternative medicine.

I _____, hereby pledge a contribution to “NEW
 (NAME)
 LIFE BENEFIT FOUNDATION” for \$ _____
 (AMOUNT OF CONTRIBUTION)

for the charitable support of complementary integrative medicine. My preferred method of payment for this tax-deductible contribution is designated below (check ONE of the following donation options):

Credit Card: (VISA, MC, AMEX, DISCOVER) **Expiration:** _____
 Account No.: _____ **Security Code:** _____
(3 digits on back of card)

Signature: _____

Billing Address: _____
(if different from address below)

- Check** (make payable to: “New Life Benefit Foundation”)
- Wire Transfer** — Call New Life Benefit Foundation for instructions.
- Endowment** (e.g., real property or other tangible item) — Contact New Life Benefit Foundation directly.
- Cashier’s Check** **Cash** **Money Order**

Value of Donation: \$ _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please FAX or MAIL this form to the Number or Address below: