

DONATION FORM

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You may use my/our name in IPHI publications (check one) Yes No

DONATION

A one-time donation, in the amount of: \$ _____

A monthly donation, in the amount of: \$ _____ per month

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Designation

General Fund A specific IPHI program: _____

In Honor or Memory of: _____

METHOD OF PAYMENT

Check enclosed. Please make checks payable to the *Institute for Public Health Innovation*.

Cash enclosed

Please mail donations to:

Institute for Public Health Innovation
1250 Connecticut Avenue, NW, Suite 202
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