

SUPPORT HEALTH AWARENESS WEEK

Thank you for your continued interest in National LGBT Health Awareness Week! Your contributions make this work possible. Please use this form to support Health Awareness Week as well as to order posters and postcards. You do not have to provide financial support in order to receive supplies, but it is greatly appreciated.

I would like ____ posters and ____ postcards.

I would like to support National LGBT Health Awareness Week through my contribution of:

- \$25
- \$50
- \$100
- \$250
- \$500
- Other

Name		Title
Organization		
Address		
City, State, Zip		
Telephone		Fax
Email		
Name on Credit Card		
Credit Card Type	Account Number	Expiration Date

Please mail or fax your completed form to:
The National Coalition for LGBT Health
1325 Massachusetts Ave NW
Suite 705
Washington, DC 20005
Fax: (202) 393-2241

Checks must be made payable to the National Coalition for LGBT Health.