BRAGG HEALTH INSTITUTE

Promoting Health and Wellness Worldwide

PERSONAL GIFT REPLY FORM

Support the Health of Today's Youth and Future Generations

YOUR GIFT CAN MAKE A DIFFERENCE!

Yes! I would like to support the Bragg Health Institute and its programs to promote health!

Enclosed is my tax-deductible gift of: ☐**$25** ☐**$50** ☐**$100** ☐**$500** ☐**$1,000** ☐**$_____**

I would like my contribution to support:

☐ Ongoing Health Education & Outreach ☐ Bragg Health Kids Program

☐ Paul C. Bragg Health Science Scholarships ☐ Bragg Health Institute - general

Please make Checks Payable to: Bragg Health Institute **Give Online, at: www.BraggHealth.org**

If you would like to make your contribution using a Credit Card, please fill out the adjacent form.

To assist us in processing your gift by credit card, please provide the following confidential information:

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date ☐☐/☐☐ ☐ Visa ☐ MasterCard *Verification code* ☐☐☐

Phone Number ☐☐☐-☐☐☐-☐☐☐☐ Email _____

Signature_____

Name_____

Address_____

City_____State_____Zip_____

YOUR GENEROSITY TO Bragg Health Institute IS GREATLY APPRECIATED!

Bragg Health Institute is a 501(c) (3) non-profit organization. Tax ID #27-0983248. www.BraggHealth.org

Mail to: Bragg Health Institute, Box 7, Santa Barbara, California 93102 USA. Phone 805-968-1020