



# New Hope Medical FOUNDATION

NEW HOPE MEDICAL FOUNDATION, also known as “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 LIFE BENEFIT  
(NAME)  
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.

**Value of Donation:** \$ \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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