

YES! I would like to join in the effort to improve the well-being of boys.

Please accept my tax-deductible contribution to the
Men's Health Network/Boys and Schools.

I can contribute the following amount:

_____ \$500 _____ \$250 _____ \$100 _____ \$50 \$_____ other

Name _____ Date _____, 200____

Mailing Address (is this WORK or HOME - circle one)

City

State

Zip Code

(_____) _____
Phone - WORK

(_____) _____
Phone - HOME

Internet (E-Mail) address

For Credit Card users	
_____ Credit Card #	
__MasterCard	__VISA __AMEX __Discover
_____ Expiration Date	_____ Signature