



**Bulamu Healthcare**  
**Monthly Giving**  
**Program Enrollment Form**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

**Please email me the latest updates from the Lifeline e-newsletter at:**

Email Address \_\_\_\_\_

I would like to make an <b>automatic monthly gift of:</b> <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$Other _____
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Please select an option below and mail it this form to: Bulamu Healthcare, 1933 Waverley St., Palo Alto, CA 94301.

**Option 1: By Credit Card**

Please charge my gift each month to:

Visa    MasterCard    American Express    Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name (as it appears on your credit card) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Option 2: By Direct Debit**

If you would like to pay by direct debit from your checking account each month, please enclose a voided check. Your future monthly gifts will be transferred from your checking account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your generosity. All contributions are tax deductible. Bulamu Healthcare is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code, Tax ID # 47-4196766.*