



## Bulamu Healthcare Tribute Donation Form

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

**I am making a tax-deductible gift of:**  \$50  \$100  \$500  \$1,000  Other \_\_\_\_\_

Please make your check payable to Bulamu Healthcare and mail it with this form to: Bulamu Healthcare, 1933 Waverley St., Palo Alto, CA 94301.

**Or fill in the following to charge to your credit card:**

**American Express, MasterCard, Visa, and Discover accepted.**

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

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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**This gift is**  In honor of:  In memory of:

Name \_\_\_\_\_

Custom Message \_\_\_\_\_

**Name of Person(s) to notify** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_ **Country** \_\_\_\_\_

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*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.*

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