



Bulamu Healthcare Tribute Donation Form

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, 303 E. Wacker Dr., Suite 2108, Chicago, IL 60601

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 _____

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

Name _____

Custom Message _____

Name of Person(s) to notify _____

Address _____

City _____ **State** _____

Zip Code _____ **Country** _____

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.