



Healthy NewsWorks Gift Form

Building a Healthy Future Campaign

YOUR INFORMATION

Name _____

Mailing Address _____

Email _____ Phone _____

(check one: ☐ Home ☐ Mobile ☐ Business)

Organization _____

GIFT AMOUNT(S)

☐ I/We will give \$ _____ now.

☐ I/We would like to support Healthy NewsWorks with a multiyear commitment:

\$ _____ now

\$ _____ in Year 2

\$ _____ in Year 3

Note: We gratefully acknowledge supporters who give \$5,000 or more per year as Benjamin Rush Society members.

Recognition Level

Chair

Publisher

Executive Editor

Managing Editor

Bureau Chief

City Editor

Health Editor

Correspondent

Reporter

Researcher

Friend

One-year recognition

\$25,000

\$20,000

\$15,000

\$10,000

\$5,000

\$2,500

\$1,000

\$500

\$250

\$150

\$50

Three-year recognition

\$75,000 (\$25,000 × 3)

\$60,000 (\$20,000 × 3)

\$45,000 (\$15,000 × 3)

\$30,000 (\$10,000 × 3)

\$15,000 (\$5,000 × 3)

\$7,500 (\$2,500 × 3)

\$3,000 (\$1,000 × 3)

\$1,500 (\$500 × 3)

\$750 (\$250 × 3)

\$450 (\$150 × 3)

\$150 (\$50 × 3)

PAYMENT OPTIONS

☐ **Check:** Payable to **Healthy NewsWorks.**
Mail to Healthy NewsWorks, P.O.
Box 431, Drexel Hill, PA 19026

☐ **Online:** Visit
healthynewsworks.org/donate/
make-a-gift

☐ **Donor-advised fund:** I will
recommend payment(s) from

☐ **Credit card** (A one-time charge will be processed upon receipt.)

Amount: \$ _____ Name on card: _____

Acct. No: _____ Expiration: _____ Security Code: _____

Signature: _____ Date: _____

☐ **Stock transfer or IRA charitable distribution**
(We will contact you to facilitate transaction.)

☐ Please send me an invoice.
☐ My employer has a matching gift program.

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

For acknowledgment purposes, please list my name as _____

Mail completed form to: Healthy NewsWorks, P.O. Box 431, Drexel Hill, PA 19026.

For more information: Contact Marian Uhlman, executive director, at muhlman@healthynewsworks.org or 610-322-8610.

THANK YOU FOR YOUR SUPPORT!