

# NBCC FOUNDATION DONATION FORM

The NBCC Foundation is a 501(c)(3) nonprofit organization dedicated to creating positive change by leveraging the transformative power of counseling. The Foundation's programming priority is to increase access to mental health care in underserved and never-served areas both domestically and abroad.

To make a tax-deductible donation, please complete this form and return it along with your gift to the address below. One hundred percent (100%) of your contribution will fund counseling scholarships, international mental health training and other programs in support of the Foundation's mission.

1. First Name, Middle Initial, Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

2. I would like to make a tax-deductible donation to the NBCC Foundation in the amount of

- \$25       \$50       \$100  
 \$200       \$ \_\_\_\_\_ (Other)

FOR OFFICE USE ONLY	
REF.# : _____	BATCH #: _____
DATE: _____	AMOUNT: _____

I would like this gift to be given

- in honor of \_\_\_\_\_  
 in memory of \_\_\_\_\_

Please send acknowledgment to \_\_\_\_\_

- Please acknowledge the honorarium or memorial in NBCC publications.  
 I give permission to include my name in NBCC publications as a donor.

3. I would like information about planned giving.     Yes     No  
 4. I would like to become more involved in the NBCC Foundation.     Yes     No

**For more information about the NBCC Foundation and its mission, please call 336-547-0607 or check the NBCC Foundation Web page at [www.nbccf.org](http://www.nbccf.org).**

## METHOD OF PAYMENT

- Enclosed is a check/money order, payable to the NBCC Foundation.  
 Please charge the credit card listed below in the amount of \_\_\_\_\_.  
 I would like for this gift to recur monthly.  
 This is a pledge. Please divide payment equally over the next \_\_\_\_ months.

Card Type:     VISA     MasterCard     American Express

Name on Card:

Acct. #:       Exp. Date:  /

Verification Code Numbers (from back of card):

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

- Please set up a     one time or     monthly recurring    gift through payroll deduction (NBCC and Affiliates staff only).

Employee Signature: \_\_\_\_\_