



Northeast Valley Health Corporation

a californiah⁺health center

LEADERSHIP CIRCLE



Northeast Valley Health Corporation Leadership Circle

MEMBER INFORMATION:

Name: _____

State: _____ Zip: _____

Organization: _____

Phone: _____ Ext: _____

Mailing Address: _____

Email: _____

City: _____

Support Levels

\$1,000 - \$2,499

Partner Member

\$2,500 - \$4,999

Patron Member

\$5,000 - \$9,000

Leader Member

\$10,000 - \$24,000

Ambassador Member

\$25,000 +

Founder Member

- ☐ YES, I/We would like to become a member of the Northeast Valley Health Corporation's *Leadership Circle* by contributing an annual gift in the amount of: \$ _____.
Please see our support levels: ➡

- ☐ I/We would prefer not to become a member of the Leadership Circle at this time but would like to contribute an annual gift of: ☐ \$500 ☐ \$200 ☐ \$150 ☐ \$100
Other \$_____ to support NEVHC's patient programs where it's needed the most.

CONTRIBUTION INFORMATION:

- ☐ **Check:** Enclosed is a check payable to NEVHC for \$ _____.
Please send your check and reply form to: NEVHC, ATTN: Development Department, 1172 N. MacLay Ave. San Fernando, CA 91340

- ☐ **Credit Card** (circle one):
American Express | Discover | MasterCard | Visa
Name on Card: _____
Credit Card #: _____
Expiration Date: _____
Zip Code: _____ CCV#: _____
Authorized Signature: _____

- ☐ **Installments:** I/we authorize NEVHC to charge my credit card in _____ installments of \$ _____.
(Your contribution will need to be paid in full by December 31.)
Please indicate day of the month for reoccurring bill (for example: I/ We would like my credit card to be charged on the 5th of each month.) _____

- ☐ **I/We pledge a total of \$ _____.**
(An invoice will be mailed, payment due by December 31)

LEADERSHIP CIRCLE MEMBER RECOGNITION: You will be acknowledged on the Donor Wall at NEVHC's corporate office; on the virtual Donor Wall featured on NEVHC's website; and in NEVHC's newsletter, *Connecting with You*.

NEVHC is a 501(c)3 charitable organization. Your contribution is 100 percent deductible. Tax ID # 23-7120632.

Thank You!