

**DONATION FORM**

I want to be associated with the NMHRC and the EDUCATION FUND.

Enclosed is my contribution to support the work of the Coalition and the Education Fund:

\$150.00	Coalition ____	Education Fund ____
\$100.00	Coalition ____	Education Fund ____
\$75.00	Coalition ____	Education Fund ____
\$50.00	Coalition ____	Education Fund ____
\$35.00	Coalition ____	Education Fund ____

I would like to receive information on the following (circle one):

Becoming a member of the Coalition Yes No

Receiving the coalition's newsletter Yes No

Receiving information on workshops sponsored by the Coalition Yes No

**Name/organization**

Street (PO Box): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_