

Henry Lucas Policy Center: Giving to Reduce Health Disparities

The Lucas Fund – unrestricted gifts of any size will support the programs and operations of the HLHPC.

Enclosed is my contribution of:

\$100 \$500 \$1000 \$5000

Other \$ _____

In addition to this contribution, I wish to make a pledge of \$ _____, which I will pay in \$ _____ installment (s) during the next _____ months.

FORM OF PAYMENT:

Make checks payable to: IAMMM

Designation: HLHPC

Charge my contribution of \$ _____

Visa MasterCard Am Exp.

Account No. _____

Exp. Date: ____/____/____

Sec. Code: _____

Signature _____

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

E-mail _____

My Employer _____

Will Will not match my contribution.