

NBCC FOUNDATION DONATION FORM



The NBCC Foundation is a 501(c)(3) nonprofit philanthropic organization dedicated to promoting mental health and the well-being of all people through the advancement of professional counseling and credentialing. The Foundation is improving people's lives through counseling scholarships and international mental health training.

To make a tax-deductible donation, please complete this form and mail it along with your gift to the address below. One hundred percent of your contribution will fund programs that support the Foundation's mission.

1. First Name, Middle Initial, Last Name: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 E-mail: _____ Telephone: _____

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

- \$30 \$50 \$75
 \$100 \$ _____ (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

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: _____

For more information about the NBCC Foundation and its mission, please call 336-232-0376 or visit www.nbccf.org.