

# 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 to the address listed below. One hundred percent of your contribution will fund programs that support the Foundation's mission.

To make an online donation, visit [apps.nbccf.org/donate-now](https://apps.nbccf.org/donate-now).

1. First Name, Middle Initial, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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

\$30          \$50          \$75          \$100          \$ \_\_\_\_\_ (Other)

I would like this gift to be given

in honor of \_\_\_\_\_

in memory of \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
REF.# : _____	BATCH #: _____
DATE: _____	AMOUNT: _____

Please send acknowledgment to (name and address): \_\_\_\_\_

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.

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

If you would like to charge this donation to your credit or debit card, visit [apps.nbccf.org/donate-now](https://apps.nbccf.org/donate-now) to donate online.

**For more information about the NBCC Foundation and its mission, please call 336-232-0376 or visit [nbccf.org](https://nbccf.org).**