

MAGZ Health Services, Inc. Contribution Form

Donor Name (Mr/Mrs/Ms): -----
Position & Corporation (if applicable): -----
Street address: -----
City: ----- State ----- Zip code: -----
Phone: () ----- Email: -----

We would like to make a contribution as a:

- Leading Sponsor (\$2500 and above)
- Sustaining sponsor (\$1000 to \$2500)
- Supporting sponsor (\$500 to \$1000)

In amount of: \$-----

- We would like to include some of our products for fundraising auctions
- We would like to contribute equipments to be used in the filed

Is this contribution being made in memory or in honor of someone special? If so, please complete the following:

- In memory of: ----- In honor of: -----

We are making this contribution by:

- Check - Payable to: MAGZ Health Services, Inc.
- Credit card - Please visit: www.MAGZHealthServices.org (Donate tab)

Contributions to MAGZ Health Services, Inc. are tax-deductible.

MAGZ Health Services, Inc. is a non-profit public benefit 501(c)(3) corporation and is operated exclusively for educational and charitable purposes within the meaning of Section 501 (c)(3) of the Internal Revenue code. MAGZ Health Services, Inc. is not organized and shall not be operated for the private gain of any person. The property of the corporation is irrevocably dedicated to its educational and charitable purposes and no part of the receipts, or net earnings of the corporation shall be used for any activities other than its mission. MAGZ Health Services, Inc. will always retain control over the contributed funds and will provide the relative information regarding its activities on its website: www.MAGZHealthServices.org.