



HELP IMPROVE HEALTH PRACTICES IN OUR COMMUNITY
SUPPORT THE SHEILA KAR HEALTH FOUNDATION!

Yes, I want to support the Sheila Kar Health Foundation!

Amount \$ _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

(This information is needed so that we can acknowledge your tax-deductible contribution. We do not share your personal information with other organizations.)

Check payable to The Sheila Kar Health Foundation enclosed

Please charge my contribution to Visa AmEx MC Paypal Info@skhf.net

Account # _____ Expiration Date _____

Name on Card _____ Signature _____ Date _____

Billing Zip Code (if different from above) _____ CVV Code _____

TOTAL CONTRIBUTION \$ _____

Yes, I want to make a named endowment to support the Annual Valentine's Day Seminar one year or in perpetuity. Please contact me at drkar@skarmd.com

Please mail this form to:

**The Sheila Kar Health Foundation
150 N. Robertson Blvd., Suite 115
Beverly Hills, CA 90211-2142**

The Sheila Kar Health Foundation is a non-profit, tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and Section 23701 of the California Revenue and Taxation Code (Tax ID #: 20-4259640). Contributions to The Sheila Kar Health Foundation are deductible for computing income and estate tax.