



Donation Form

Contact Information

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment Information

Donation Amount: _____

Check enclosed: please make payable to Network for Public Health Law

Credit Card: Visa MasterCard Discover AMEX

Card #: _____ Exp. Date _____ CVV _____

Signature: _____

Name: _____

Please complete this form and email to aschmalzbauer@networkforphl.org or mail with payment to:

Network for Public Health Law National Office
Attn: Anna Schmalzbauer
7101 York Avenue South, Suite 270
Edina, MN 55435

Contact Anna Schmalzbauer at 952-452-9704 or at the email above with any questions about application and payment.