






YES!

I wish to participate in the "Tree of Life" sponsorship program. Enclosed is my check/money order for \$_____, made payable to Near North Health Service Corporation (NNHSC) for designation.

-  **ACORN MEMBER Up to \$99**
-  **BRONZE LEAF MEMBER \$100-\$200**
-  **SILVER LEAF MEMBER \$250-\$500**
-  **GOLD LEAF MEMBER \$500-\$750**
-  **PLATINUM LEAF MEMBER \$750 AND ABOVE**
- OTHER AMOUNT**



*FOR MORE INFORMATION, PLEASE CALL (312) 337-1073, Ext. 217.
All funds are guaranteed to benefit patients receiving care at NNHSC. Most of these individuals are medically underserved Chicago men, women and children who are in need of healthcare services.*



MAIL: NNHSC
ATTN: Development/Public Relations Dept.
1276 N. Clybourn Ave.
Chicago, IL 60610

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PLEASE CHARGE MY GIFT OF \$_____ TO MY:
VISA MASTERCARD AMERICAN EXPRESS DISCOVER

ACCT. #: _____

SIGNATURE: _____ EXPIRATION DATE: _____