



THE FAVOR OF YOUR REPLY IS REQUESTED

M _____

_____ Accepts, please find my tax deductible check* (Please select the amount below)

_____ Declines with regret, but enclosed find my tax deductible donation for \$ _____

\$235 Friend

\$2500 Friend table

\$285 Benefactor

\$3500 Benefactor table

\$500 Patron

\$5000 Patron table

*Paypal available online visit www.himalayan-healthcare.org/

Please RSVP by Sept. 30, 2009

Make checks payable and send to:

Himalayan HealthCare, Inc.

PO Box 737

Planetarium Station

NY, NY 10024

www.himalayan-healthcare.org • info@himalayan-healthcare.org

PLEASE FILL OUT THE FORM ON THE BACK OF THIS CARD.

Himalayan HealthCare 2009 update

Name _____

Mailing Address _____

Home Tel: _____ WorkTel: _____

Email: _____

Would you like to receive our newsletter via email?

_____ Yes _____ No

Would you be interested in volunteering?

_____ Yes _____ No

If yes please explain _____

Thank you!