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| Nyaya Health Donation Form

Enclosed is my donation to Nyaya Health in the amount of \$_____.

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Please check below to indicate your communications preferences:

- Please add my email address to the Nyaya Health mailing list. _____
- Please communicate with me only via email; I prefer no written/paper communication. _____

Please make your check payable to Nyaya Health, and mail it with this form to:

Nyaya Health
666 Dorchester Ave
South Boston, MA 02127

Nyaya Health is a 501(c)(3) nonprofit corporation and an Illinois public charity with EIN/tax ID#20-3055055.

Thank you for working with us in our mission to provide high-quality healthcare that saves lives and strengthens the public-sector health system in rural Nepal. Your generosity is deeply appreciated.

Please follow Nyaya Health's progress online at any of these three platforms:

Website | www.nyayahealth.org
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