



**DONATION FORM**

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

I am most interested in:

- General Nyaya Health funds
- General Clinic Operations funds
- HIV Program
- Tuberculosis Program
- Maternal and Child Health Program

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

- Please add my email address to the Nyaya Health mailing list.

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

**Nyaya Health c/o Duncan Smith-Rohrberg  
135 College Street, Suite 323  
New Haven, CT 06511 USA**

Nyaya Health is a 501(c)(3) nonprofit corporation and an Illinois public charity. Thank you for helping us in our efforts to ensure equitable access to high-quality health care.