



EngenderHealth  
for a better life

## Partners for a Better Life Monthly Giving Enrollment Form

Yes! I want to be a Partner for a Better Life and make monthly contributions to EngenderHealth.

I will contribute \$\_\_\_\_\_ each month.

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Electronic Funds Transfer Option

- Please deduct my donation from my checking account each month. A check in the amount of \$\_\_\_\_\_ for my first month's contributions is enclosed. (Please note that this form of payment can save EngenderHealth credit card fees.)

### Credit Card Option

- Please bill my:    Visa    Master Card    American Express    Discover

*(Your card will be billed on the first of each month.)*

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

We will send you a year-end contribution statement of your monthly gifts.

If you would like more information about EngenderHealth and our work, please contact Elisabeth Gaikema Platt: 1-800-564-2872, ext. 8021 or [eplatt@engenderhealth.org](mailto:eplatt@engenderhealth.org).

Return this completed enrollment form (with your check, if applicable) to:

Elisabeth Gaikema Platt  
Partners for a Better Life  
EngenderHealth  
440 Ninth Avenue  
New York, NY 10001

**THANK YOU!**  
**[www.engenderhealth.org](http://www.engenderhealth.org)**