YOU ARE THE *ONE*

WHO WILL MAKE THE DIFFERENCE

JOIN THE ANC-R #1 CLUB

The power of ONE is enormous. ONE person can change the world - especially when joined by many other ONEís! Just as Network Care is essential to your personal well-being, research is essential to the well-being of Network Care. In order to continue and grow our research, we need YOU! Rather than burden one person with a large amount of money, we are asking you to commit to donate the amount of ONE office visit per month. Thatís right! Just ONE visit per month coupled with ONE visit from many other ONEís will mean considerable funding for the ANC-R. Consider the worth! Consider your value! Your ONE will do a world of good!

✓ YES, I WISH TO JOIN THE #1 CLUB!

Date ____/____/_____

Please Print Name | Phone Number | Email Address

Address | City | State | Postal Code | Country

❒ I wish to donate **ONE** monthly office visit in the amount of $ _____ per month.

❒ *Twice as nice!* I wish to donate **two** office visits for a total of $ _____ per month.

❒ *Even Better!* I wish to donate _____ office visits for a total of $ _____ per month.

❒ I prefer to just donate a one time sum of $ _____.

I will pay by: ❒ Visa ❒ Master Card ❒ I will send checks to the ANC-R office

(If making monthly pledge, please send 12 postdated checks for convenience)

The ANC-R is a non-profit organization. Contributions may be tax-deductible as per IRS regulations.
Please indicate pledge amounts in U.S. funds

I authorize for my credit card to be charged on a:

❒ Monthly basis for _____ months in the amount indicated above

❒ One-time basis in the amount indicated above

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiration Date ____ / ____

_____ _____

Name as printed on card | Signature

MAIL TO: ASSOCIATION FOR NETWORK CARE RESEARCH
444 North Main Street, Longmont, CO 80501
or CALL 303-678-8101 or FAX: 303-678-8089