



Mail your completed form to:
National Rehabilitation Hospital
Attn: Office of Philanthropy
102 Irving Street, NW
Washington, D.C. 20010

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Yes! I'd like to honor an NRH Star!

One Team Member—\$35

_____ Team Members at \$25 each

Entire Care Team—\$200

I'd like to make a special gift of \$_____ above any of the listed levels.

Payment information

Enclosed is my gift in the amount of \$_____

Please charge my credit card \$ _____

VISA MasterCard AMEX

Account No. _____ Expiration Date _____

Name (as it appears on card) _____

Signature _____

Email _____

Phone Number _____

Please fill in one of the attached forms for each of the NRH Stars you are honoring. Only one form is required for a team recognition.

