



APPEAL

ASIAN PACIFIC PARTNERS FOR EMPOWERMENT, ADVOCACY AND LEADERSHIP

424 3RD ST., SUITE 220, OAKLAND, CA 94607
TEL: (510) 844-4147 | WWW.APPEALFORHEALTH.ORG

I would like to join the APPEAL network and support their work towards health and social justice in AA& NHPI communities! Below is my contact information.

Name: _____

Address: _____

_____ City State Zip code

Email: _____ Phone: () - _____ - _____

Organization: _____

This is a one-time contribution of (made payable to APPEAL)
___ \$250 ___ \$100 ___ \$50 ___ \$25 \$ _____ (other)

I authorize APPEAL to withdraw the amount of \$ _____ every month for the coming _____ months

My employer has a matching gift program (please enclose appropriate form)

Method of Payment: ___ Check ___ Cash ___ Credit/Debit Card

Cardholder's name as it appears on card: _____

Credit/Debit Card Number: _____

Exp. Date: _____ CSV: _____ Signature: _____

Your contribution helps to make each of our activities, whether it is leadership training, capacity building, technical assistance, or advocacy, not only a possibility, but an asset for the communities we serve. Thank you for supporting APPEAL's efforts towards building a healthy and tobacco-free Asian American, Native Hawaiian and Pacific Islander community.

APPEAL is a 501(c)(3) tax-expect, nonprofit organization. Your donation is tax-deductible.