



**Health Effects Institute  
Summer Fellowship Program  
Mail-in Donation Form**

In collaboration with:



Donor Information

First and Last Name\*:

Email address\*:

City, State\*:

Phone:

\* We are asking for your email address so we can email you a letter stating that your donation is tax deductible.

Gift Information (check one)

I would like to donate  \$20  \$50  \$100  Other amount:

I have enclosed a check for the amount indicated.

Other information

- I would like to be included in HEI's list of donors that will be published annually.
- My organization is interested in partnering with HEI to support the fellowship program. Contact me to discuss details.
- I am interested in supporting a named fellowship and would like to discuss options. Contact me to discuss details.
- I would like to sign up for HEI's monthly newsletter, The Monitor.

Mailing Instructions

Please make your check payable to "Health Effects Institute" and write "Summer Fellowship" on the comment line. Print this form and mail it with your check to:

Ms. Jacqueline Rutledge  
Director of Finance and Administration  
Health Effects Institute  
75 Federal Street, Suite 1400  
Boston, Massachusetts 02110

**THANK YOU FOR YOUR SUPPORT!**