

YES, I would like to make a Financial Contribution to
California Citizen's For Health Freedom
to Support Legal Access to ENERGY WELLNESS (wellness electronics) treatment modalities
and other Alternative Health Modalities

CREDIT CARD contribution* *Printer friendly form*

Today's date _____

Recurring MONTHLY amount \$ _____ .00

One time only amount \$ _____ .00

(*Circle ONE*) AMEX M/C VISA

Credit card number _____

Card Expiration Date _____ (month) _____ (year)

Recurring Contribution Authorized until (exact end date) _____

Authorizing signature _____

Same name clearly printed _____

Street Address or P.O. Box _____

City _____ State or Province _____

Zip _____ Country _____

Phone _____ Fax _____

Email _____

I, _____, have given my permission for \$ _____ .00 per month
until _____ to be withdrawn from my (*circle one*) AMEX M/C VISA account by
California Citizens for Health Freedom to support citizens access to ENERGY WELLNESS and other
Alternative Health Modalities.

***Credit card donations will be posted into the account of California Citizens for Health Freedom, the authorized receiving agent for the Operation Health Freedom defense, advocacy and education fund for Energy Wellness. This contribution is NOT tax deductible because CC4HF is an incorporated non-profit legislative advocacy organization.**

Please fill out and forward this document to us via mail, email, fax or a phone call to:

California Citizens for Health Freedom freedom@citizenshealth.org www.citizenshealth.org
8048 Mamie Ave., Oroville, CA 95966 Phone: 1-530/534-9758 Fax: 1-530/534-5854
U.S.A.

Thank you for your support !!! It will make a difference.