

**Thank you for your contribution to the  
NASWVA Rosa Jimenez-Vazquez Memorial Fund for Complementary  
Therapy(s)**



**Please fill out the information below with enclosed payment to:**

NASW Foundation  
750 First St. NE, Suite 800  
Washington, DC 20002

Checks should be made out to: "NASW Foundation: Rosa Jimenez Vazquez Memorial Fund"

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/Zip Code \_\_\_\_\_  
Phone Number(s) Work \_\_\_\_\_ Mobile \_\_\_\_\_

*Enclosed is a check in the amount of \$ \_\_\_\_\_ as a contribution to the:  
Rosa Jimenez-Vazquez Memorial Fund for Complementary Therapy(s)*

*Please charge my credit card below in the amount of: \$ \_\_\_\_\_ as a contribution to the Rosa  
Jimenez-Vazquez Memorial Fund for Complementary Therapy(S)*

*Visa Mastercard Discover American Express*

*Card Number* \_\_\_\_\_

*Expiration Date* \_\_\_\_\_

*Code* \_\_\_\_\_

*Name as it Appears on Credit Card* \_\_\_\_\_

*If address for credit card is different from above address:*

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_