



**NEW ORLEANS
MUSICIANS' CLINIC
& ASSISTANCE FOUNDATION**
ESTABLISHED 1998

Keeping New Orleans' music **ALIVE** by
providing quality health care to more than 2500
New Orleans musicians and performers

I want to provide medical care for New Orleans' musicians, cultural workers, and tradition bearers.

Enclosed is my 100% tax-deductible donation of:

\$50 \$100 \$250 \$500 Other \$_____

I would like to support the work of the Musicians' Clinic year round with a monthly gift

NAME _____

ADDRESS _____
city state zip

EMAIL ADDRESS _____

PHONE NUMBER _____

Please charge my donation on my credit card Visa Mastercard Discover American Express

CARD NUMBER _____

EXP DATE _____ CV CODE _____ SIGNATURE _____

I am interested in including the Musicians' Clinic in my Estate Plans



HONOR A MUSIC LOVER



A gift to NOMAF can be a tribute in honor of a special occasion such as a birthday, anniversary, or holiday or may be made in memory of a loved one.

**Every \$1 donated helps NOMAF provide \$3 worth of
medical care to New Orleans' musicians.**

My gift is:

in honor of _____

on the occasion of _____

in memory of _____

Please send an acknowledgement card to:

NAME _____

ADDRESS _____
city state zip

Send All Checks to: **NOMAF | 1525 Louisiana Ave. | New Orleans, LA 70115**

Give Online at nomaf.org/donations | 504-415-3514 | office@nomaf.org