

Individual Membership:

\$20.00 to receive *Head Wise* plus the monthly e-newsletter, *NHF News to Know*, when you renew with the National Headache Foundation

In addition, I'd like to make a tax-deductible contribution in support of the NHF in the amount of: \$10 \$25 \$50 Other: \$_____

Name (Please Print)

Address

City/State/Zip/Country

Preferred Phone #

E-mail Address

Payment:

Payment enclosed (check payable to National Headache Foundation)

Charge to my credit card: Amex Discover Mastercard Visa

Credit Card Number

Expiration Date

Cardholder's Signature

Billing Address (If different from mailing address)

City/State/Zip/Country

Please mail this form with your payment to: National Headache Foundation, 820 N. Orleans, Ste. 411, Chicago, IL 60610 or renew online by visiting www.headaches.org