



NAHU EDUCATION FOUNDATION Operation Engage Chapter Commitment Form

Chapter Name:	
President Name:	
Board Champion Name:	
Phone Number for Board Champion:	
Email for Board Champion:	
*Amount Chapter commits to donate:	\$
Community Clinic Name:	
Community Clinic Location:	

Sign here and return to Debra Cook. Thank you for your Operation

Engage commitment. Please sign to

authorize: _____

Complete and return this to Debra Cook, Director of Development, at dcook@nahu.org.

**We suggest that each chapter commit at least \$4/per member.*

You will receive email reminders for next steps.