

The National Health Federation

212 WEST FOOTHILL BOULEVARD

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MONROVIA, CALIFORNIA 91016

NOVEMBER 1, 1973

358-1155

DEAR MEMBERS AND FRIENDS,

During the nearly twenty years' history of The National Health Federation, the membership has continued to be concerned with and supportive of every effort the organization has undertaken. This exceptional relationship is and has been the basis for the Federation's achievements over the past years.

Each one of you can take pride in your own involvement in our activities and in your NHF as an organization fighting for YOUR RIGHTS AND HEALTH FREEDOMS. If we are to continue to rise to the vital challenges of today, and every day of 1974, we can only do so dependent on the continued loyalty and support of our individual members and friends.

As NHF accepts the challenges and continues the fight for FREEDOM OF CHOICE, we turn again to our members for continuing aid and rapport. It is always painful to talk about some one's financial involvement. More and more demands are made on each of us. However, we - as an effective and united voice - do have the ability to carry out our goals.

Exactly what we accomplish each year is determined by our budget which must be prepared by our Executive Committee, and therefore it would be extremely beneficial for them to know in advance if you would like to pledge during 1974. Please do not feel obligated - only try to understand our position in requesting this information, and in relation to what your own individual ability commands.

Keeping in mind our increasing involvement in the legal and legislative efforts, our convention and educational programs, we would be pleased to know whether or not we can count on you again. If you are a new member, you may be assured that a monthly pledge or a one time donation will be appreciated equally. Every single penny counts and every single gift will be used wisely and well.

If you decide to join the many thousands who have pledged regularly in the past, please fill out the section below and return it to us in the enclosed envelope along with your ballot.

NAME _____ STREET or P.O. BOX _____

CITY _____ STATE _____ ZIP _____

PLEDGE OR DONATION - 1974 _____ AMOUNT ENCLOSED _____

PER MONTH _____ PER QUARTER _____ SEMI-ANNUALLY _____

I WOULD LIKE TO HAVE A REMINDER NOTICE SENT _____ NO NOTICE _____