

The Health Freedom Fund Needs Your Help Today!

The Health Freedom Fund was established in 1987 by Nature's Sunshine to provide financial support for the people in the trenches who fight to preserve our right to use and promote natural/holistic health. On behalf of natural health supporters everywhere, Nature's Sunshine encourages you to support this fund in order to ensure the continuation of lobbying efforts throughout the country.

The money collected for the Health Freedom Fund provides for lobbyists who talk directly to legislators, giving them YOUR side of the issues. The fund provides money to pay for postage and printing to keep you informed of legislation that will affect your business. NO funds are used for defending any legal action taken against NSP Managers. The Health Freedom Fund is used strictly to ensure that YOUR freedom to choose the health programs YOU desire is not taken away from you!

Whenever possible, NSP Managers should donate each month. This donation would make funds available to effectively lobby your legislature on a continuing basis. You can make a one-time donation to the Health Freedom Fund, or you may opt to have an amount deducted from your bonus check or credit card each month. Any support you give is greatly appreciated and is very much needed to ensure your FREEDOM OF CHOICE.

Date _____ Name _____
NSP Account No. _____

Please deduct \$ _____ each month from my NSP bonus check to support the Health Freedom Fund, beginning with _____ QV month.
I will give NSP written notice when I wish this deduction to cease.

Please deduct \$ _____ each month from my credit card to support the Health Freedom Fund, beginning with _____ QV month
(fill in your credit card information at the bottom of this form). I will give NSP written notice when I wish this deduction to cease.

Donate \$ _____ to the CODEX Fund.

Attached is my check (made payable to NSP) for \$ _____ to support the Health Freedom Fund.

Please bill my credit card one time for \$ _____ to support the Health Freedom Fund.

Visa MasterCard Discover AmEx Card No. _____ Exp. Date _____

Please keep the bottom copy and mail or fax a copy to: **Nature's Sunshine Products**

ATTN: Accounting
P.O. Box 19005
Provo, Utah 84605-9005

FAX: 801-342-4642



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Thank you!