



"Healing hands...Healthy Hearts"

DONATION FORM

I want to be a partner with CHC in providing quality health care for the uninsured, low-income persons!

INSTRUCTIONS

Print form from your web browser.
Please PRINT or TYPE responses.
Make a copy for your records

RETURN FORM TO:

Community Health Centers, Inc.
Office of Fund Development
220 West 7200 South, Suite A
Midvale, UT 84047-1043

Donor Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Enclosed is a gift in the amount of: _____

- \$15 will pay for giving an uninsured, low-income child a vaccination
- \$25 gift will pay for a medical visit co-pay
- \$45 gift will pay for a dental visit co-pay
- \$200 will provide an uninsured, low-income (at or below 100% of federal poverty line) pregnant woman prenatal visits
- \$450 will pay for an uninsured, low-income (at or below 100% of federal poverty line) pregnant woman's delivery
- \$650 will provide prenatal care for an uninsured, low-income (at or below 100% of federal poverty line) pregnant woman and the delivery of her child

Make Checks Payable to: COMMUNITY HEALTH CENTERS, INC.

To donate by credit card...

Card Number: _____ Expiration Date: _____

Name on Card: _____ Card Code Number: _____

Signature: _____

Please send acknowledgement card to name and address above

Please send acknowledgement card to the following name and address:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

I'd like this gift to remain anonymous

I'd like to include CHC in my estate plans

I'd like a tour of a clinic

Send me information on becoming a board member

Make my gift in memory of: _____

Make my gift in honor of: _____