



DONATION FORM

Yes, I want to support the work of Essential Health Clinic!

Name: _____

Address: _____
Street State Zip

Email Address: _____

- I prefer to be anonymous
- Please add me to your monthly Insights newsletter
- Please send me information about including EHC in my will

Help us make a difference in our community.

- \$50
- \$100
- \$250
- \$500
- \$1,000
- Other \$ _____

THANK YOU FOR YOUR SUPPORT

Essential Health Clinic is registered as a 501(c)3 charity, so your donation is tax deductible.

- Check is enclosed. Make checks payable to Essential Health Clinic.
- Visa
- Mastercard
- Discover

_____ Card Number Exp. Date

_____ Signature CVS# (3-Digit Code)

My gift is made:

- In memory of _____
- In honor of _____

Please include a mailing address so we can notify them

