

# Donate



## I want to support Access Community Health Centers

I/we wish to give the amount of: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Can we contact you via:  Standard Mail  Email  Either

### One time gift

*Credit or debit card payment at [www.accesscommunityhealthcenters.org](http://www.accesscommunityhealthcenters.org) or*

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

Payment enclosed (\$ amount) \_\_\_\_\_

*Please make check payable to Access Community Health Centers*

*Mail to:*

*Access Community Health Centers*

*2901 West Beltline Highway, Suite 120*

*Madison, WI 53713*

### Gift made over time

Monthly, quarterly or annual credit or debit card payments can be made at

**[www.accesscommunityhealthcenters.org](http://www.accesscommunityhealthcenters.org)**

### Honorary gift

This gift is in honor/memory of: \_\_\_\_\_

Please send acknowledgement to: \_\_\_\_\_

Address: \_\_\_\_\_

For more information contact: Paul Harrison, Development Director, at 608.443.5544 or email [paul.harrison@accesshealthwi.org](mailto:paul.harrison@accesshealthwi.org)

I/we wish to have our gift remain anonymous.