

Donate.



I want to support Access Community Health Centers

I/we wish to give the amount of: _____

Name _____

Address _____

City _____ State _____ Zip _____

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Can we contact you via: Standard Mail Email Either

One time gift

Credit or debit card payment at www.accesscommunityhealthcenters.org or

Card Number _____ Exp. Date _____ Code _____

Payment enclosed (\$ amount) _____

Please make check payable to Access Community Health Centers

Gift made over time

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

www.accesscommunityhealthcenters.org

Honorary gift

This gift is in honor/memory of: _____

Please send acknowledgement to: _____

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

I/we wish to have our gift remain anonymous.