

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 or

Card Number _____ Exp. Date _____ Code _____

Payment enclosed (\$ amount) _____

Please make check payable to Access Community Health Centers

Mail to:

Access Community Health Centers, Inc.

P.O. Box 88755

Milwaukee, WI 53288-8755

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: _____

Address: _____

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.