

DONATION FORM

Donations can be made by filling out this form and return it to Via Care.

Title Dr Mr Mrs Ms Other / Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Method of Payment**

*Cheque or money order (payable to Via Care Community Health Center)*

Please accept my donation of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail to:

Via Care Community Health Center

*Attn: Development Department*

501 S. Atlantic Blvd.

Los Angeles, CA 90022

A confirmation email and letter of appreciation of your tax-deductible contribution will be mailed to you at the address you provided.

We thank you for recognizing that the investments we make in the community of East Los Angeles are worthwile and critical to building a more equitble and healthy society.

Tax ID # 80-0699156