



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 worthwhile and critical to building a more equitable and healthy society.

Tax ID # 80-0699156