



West County Health Centers

Caring for our Communities

Yes! I want to make a gift to West County Health Centers!

With your annual gift of \$500 or more, you will receive:

- WCHC QUARTERLY NEWSLETTER AND ANNUAL REPORT
- RECOGNITION IN WCHC'S ANNUAL REPORT
- AN INVITATION TO THE ANNUAL HEALTHY SUCCESS CELEBRATION
- INVITATIONS TO SPECIAL MAJOR DONOR EVENTS

- I will make my gift of \$ _____ to West County Health Centers today!
- I pledge to make my gift of \$ _____ in one installment by _____ (date).
- I pledge to make my gift in _____ installments of \$ _____ by _____ (date).

West County Health Centers accepts Cash, Check or Credit Card gifts

- Cash Check: *Please make check payable to West County Health Centers*
- Credit Card: Visa or MasterCard

NAME AS IT APPEARS ON THE CARD: _____

ACCOUNT NUMBER: _____ EXPIRATION DATE: _____

BILLING ADDRESS: _____

Please provide the following information so that we can properly recognize your gift.

NAME (as you would like it to appear for recognition): _____

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

Any special instructions regarding your gift: _____

Thank You for Supporting West County Health Centers!

Please return this form to West County Health Centers, P.O. BOX 1449, Guerneville, CA 95446.

West County Health Centers, Inc. is a 501(c)(3) non-profit organization. All gifts to WCHC are tax deductible to the fullest extent allowed by law.