La Clínica
a california health+ center
www.laclinica.org

PRINT FORM

RESET FORM

DONATION FORM

Yes, I want to help provide affordable health care for children and families. Enclosed is my gift of:

❑ $10,000 ❑ $5,000 ❑ $2,500 ❑ $1,500 ❑ $1,000

❑ $500 ❑ $250 ❑ $100 ❑ $50 ❑ Other $ ______________

First Name: ______________________________ Last Name: ________________________________

Email: ________________________ Business / Agency (if applicable): ___________________________

Street Address: ____

City: __________________ State: _____ Zip: ___________ Phone: (______) ____________________

Donation Options

❑ My check, made payable to **"La Clínica de La Raza"** is enclosed.

❑ Please charge my credit card: ❑ VISA ❑ MasterCard ❑ AmEx ❑ Discover

Name on card: _________________________ Card number: ________________________________

Exp. Date: ________ Security code: ________ Signature: ________________________________

❑ I want to contribute monthly through electronic fund transfer. Please call me at: (______) ______________

Tribute and Matching Opportunities

❑ My employer will match my contribution. Please call me at: (______) ____________________

❑ This gift is (choose one) ❍ in honor of ❍ in memory of : __________________________________

❑ I prefer to be listed as an anonymous donor

❑ Please send me information on Planned Giving

Donation Designation: Unless otherwise designated, your contribution will be allocated where the need is the greatest.

❑ Please check this box if you would rather donate to the Health Care Without Borders Campaign.

❑ If you would like to designate your gifts to a specific program/service, please check the box and specify here: _________________________________

Please mail your completed form with your enclosed check or designated credit card information to:

La Clínica de La Raza
Attention: Development
P.O. Box 17054
Oakland, CA 94601

For questions or assistance with telephone credit card transactions, contact Lindsey Poston at 510-535-2933 or lposton@laclinica.org

On behalf of our thousands of patients, Thank You!

Federal Tax ID#94-1744108