

Yes! I/we want to help The Corner Health Center
provide health care and support services to young people.

MY TAX-DEDUCTIBLE CONTRIBUTION IS:

- \$1000 \$100
 \$500 \$50
 \$250 Other \$ _____

GIVING OPTIONS:

- I have enclosed a check made payable to The Corner Health Center.

—OR—

Please Charge my Visa or MasterCard or American Express.

Card Number: _____ Exp. Date: ____/____

Signature: _____

Name(s): _____ Call me if you have a question about my gift.

Address: _____ Telephone: _____

City/State/Zip: _____

PLEASE DESIGNATE THIS CONTRIBUTION:

In memory of: _____

In honor of: _____

Please send a notification to:

Name: _____

Address: _____

KEEP IN TOUCH WITH ME!

- I would like to receive The Corner's online newsletter.

My email: _____



MAIL TO:
The Corner Health Center
ATTN: Business Office
47 N. Huron St.
Ypsilanti, MI 48197