

**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