

The Corner Health Center Charitable Gift Form

Donor Information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Call me if you have a question about my gift. My phone number is: _____

I'd like to receive your e-newsletter, **Around The Corner**.

My email address is: _____

I work for a company that will match my gift: _____
(company name)

Check here if you do NOT wish to be listed in our annual Honor Roll of Donors

Gift Information

Enclosed is my gift of \$ _____

The name(s) shown on my acknowledgment for this gift should be: _____

This gift is made in honor memory of: _____

Please send notification of this gift to:

Name(s) _____

Address _____

City _____ State _____ Zip _____

My check is made payable to **The Corner Health Center**

Charge my gift to Master Card Visa Amex Discover

Account Number _____

Expiration Date _____ Signature _____
(required)

Name as it appears on the card _____
(required)

If you have questions, please call us at (734)714-2236
email jseagraves@cornerhealth.org; fax completed form to (734)484-3100; or mail to
The Corner Health Center, 47 N. Huron, Ypsilanti, MI 48197