

Yes! I/we want to help The Corner Health Center provide vital services to at-risk adolescents and their children.

_____ \$1000 _____ \$100

_____ \$500 _____ \$50

_____ \$250 _____ \$other

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

-OR-

Visa MC Card Number: _____ Exp. Date: ____/____

Signature: _____

PLEASE HELP ENSURE THAT OUR RECORDS ARE CORRECT BY PROVIDING THE FOLLOWING:

Name as you would like it to be listed: _____

Check here if you do not wish to be publicly acknowledged.

Address: _____ Telephone: _____

City/State/Zip: _____

I WOULD LIKE TO DESIGNATE THIS CONTRIBUTION

In memory of: _____

In honor of: _____

Please send an acknowledgement to: _____

KEEP IN TOUCH WITH ME!

I would like to receive The Corner's online newsletter



**The Corner
Health Center**

My email: _____

MAIL TO:

**The Corner Health Center
ATTN: Annual Fund
47 N. Huron St.
Ypsilanti, MI 48197**