



Access

COMMUNITY HEALTH CENTERSSM

2901 W. Beltline Hwy., Suite 120, Madison, WI 53713

Improving health. Improving lives.

Yes, I want to help Access Community Health Centers.

I/we wish to give the amount of: _____

I/we wish to pledge the amount of: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Direct Gift

• Enclosed is a gift in the amount of: \$1,000 \$750 \$500 \$100 \$50 \$25 Other _____

Please make checks payable to Access Community Health Centers

• Please charge my credit card: MasterCard VISA

Card Number _____ Exp. Date _____

Authorized Signature _____

• **You may also make a gift online at www.accesscommunityhealthcenters.org**

Pledge

Duration of pledge _____ Amount enclosed today _____

Please bill me/us beginning _____ And thereafter: Monthly Quarterly Yearly Other _____

This gift is in honor/memory of: _____

PLEASE SEND ACKNOWLEDGEMENT TO: _____

For stock transfers and all other questions contact: Paul Harrison at 608.443.5544 or email: paul.harrison@uwmf.wisc.edu

I / We wish to have our gift remain anonymous