DONATION FORM

□ YES! I will make a donation to the 6th Annual Health Fair!

CONTACT INFORMATION

COMPANY NAME: __________________________________________

CONTACT PERSON: ________________________________________

ADDRESS: ________________________________________________

CITY: ___________________________ STATE: _______ ZIP CODE: ______

PHONE: _________________________ FAX: _______________________

EMAIL: ___________________________________________________

APPROXIMATE VALUE OF DONATION: $ ______________________

PLEASE CHECK ONE:  □ Donation enclosed  □ Donation to be picked up
                                   □ Donation to be delivered  □ Please create a certificate

PAYMENT:

□ CHECK  □ MASTERCARD  □ VISA  □ AMERICAN EXPRESS

CREDIT CARD # _____________________________ EXPIRATION DATE _____SEC. CODE ______

PLEASE MAIL TO:
Wilmington Community Clinic
6th Annual Health Fair
1009 N. Avalon Blvd.
Wilmington, CA 90744

You may also email this form to: hmartinez@wilmingtoncc.org

For more information please contact:
Haidee Lopez Martinez
Health Educator
310-549-5760 ext. 189

All donations are tax-deductible. Tax ID# 95-3137803
www.wilmingtoncc.org