



BACK TO SCHOOL HEALTH FAIR

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