



QueensCare Health Centers - Donation Form

Enclosed is my tax-deductible contribution of:

_____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1000 Other \$ _____

_____ Use my gift where it is most needed

_____ I'd like to make a gift for:

_____ Primary care for medically indigent patients

_____ Pediatric Asthma Disease Management Program (PADM)

_____ E.N.E.R.G.Y. (Pediatric Weight Management Program)

_____ Other _____

If different from the name below, please list this gift as:

_____ Anonymous

_____ In memory of: _____ In honor of: _____ Kindly notify:

_____ My gift/pledge will be matched by my/my spouse's company. (Please enclose application)

_____ Please contact regarding estate planning.

_____ QueensCare Health Centers is named in my will/trust.

_____ Please correct my name and/or address as I have indicated below.

Please make check payable to "QueensCare Health Centers".

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

QueensCare Health Centers
1300 North Vermont Avenue, Suite 508
Attention: Accounting
Los Angeles, CA 90027-0005
Phone (323) 669-4302

www.QueensCareHealthCenters.org
Solicitation permit on file.