



QueensCare Health Centers – Donation Form

Donation:

Enclosed is my tax deductible contribution of:

\$50 _____ \$100 _____ \$250 _____ \$500 _____
\$1,000 _____ Other: _____

My donation may be used for the following:

_____ Use my gift where it is most needed.
_____ I would like to make a gift for:
_____ Primary care (medical, dental, optometry)
_____ Pediatric Asthma Disease Management Program
_____ Other: _____

Please list my donation as:

_____ Anonymous
_____ In memory of: _____
_____ In honor of: _____
_____ Kindly notify: _____
_____ My gift/pledge will be matched by my spouse's company. (Please enclose application)
_____ Please contact regarding estate planning.
_____ Queenscare Health Centers is named in my will/trust.

Personal Information:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Please make your check payable to: “QueensCare Health Centers”

QueensCare Health Centers
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