



Web Site **Donor Form** –

Please print this form, fill it out and mail it to:

Manchester Community Health Center • 145 Hollis Street • Manchester, NH 03101

YES, I _____ would like to support MCHC's commitment to,
please print your name "Health Care for a Stronger Community"

1. Tell us about your gift.

I would like to contribute:

\$100 \$50 \$25 \$10 Other \$ _____

This contribution is in memory of: _____

Please send acknowledgement of this gift to: _____

Address: _____

2. Tell us if you have a preference for where you would like your gift directed?

Please direct my contribution to: (select all that apply and indicate the amount)

Unrestricted/General Operating (\$ _____) New Building Fund (\$ _____)

Direct Service Program (\$ _____)
Including adult and pediatric primary care and prenatal care to the uninsured and underinsured

Support Services (\$ _____)
Including; counseling, nutrition services, patient education, language interpretation, prescription assistance

I have no preference, please use my gift in a way to best meet the Health Center's needs.

3. Please tell us the manner in which you would like to make this gift.

Check Enclosed payable to: Manchester Community Health Center

Payment using a credit card. (For your own security, we ask that you not mail your credit card information to us. Provide us with your phone number and we will contact you to obtain the necessary information.)

Please provide us with your name _____ and phone number _____.

A member of our staff will contact you regarding this payment.