

Donation Form

Name: _____

Address, City/State/ZIP: _____

Phone: () _____ Email: _____

I wish to make a gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

I wish to join the Club 2017 Giving Circle!

Please deduct \$20.17 \$ _____ per month from my credit card (see below)

for the following number of months:

3 months 6 months 9 months 12 months

My check is enclosed (please make payable to *Asian Health Services*).

Pay by Credit Card: Visa Mastercard American Express Discover

Credit Card Number: _____ Exp. Date: ____/____

Name on Card: _____ Security Code/CVC: _____

Zip Code/CVC: _____ Authorized Signature: _____

My gift to Asian Health Services is:

In memory of _____

In honor of _____ Occasion: _____

Please notify: _____ of my gift to AHS.

Relationship to the person listed above: _____

Address, City/State/ZIP: _____

Employer Matching Gift

My employer will match my gift!

Matching gift form is enclosed.

My employer will mail AHS the matching gift form separately.

Mail this form to:

Asian Health Services

Development Department

818 Webster Street, Oakland, CA 94607

Thank you for your support!