

## Donation Form

Name: \_\_\_\_\_

Address, City/State/ZIP: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

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I wish to make a gift of:

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

**I wish to join the Club 2020 Giving Circle!**

Please deduct  \$20.20    \$ \_\_\_\_\_ per month from my credit card (see below)

for the following number of months:

3 months    6 months    9 months    12 months

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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### 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**

101 8th Street, Suite 100, Oakland, CA 94607

*Thank you for your support!*