



ASIAN HEALTH SERVICES

HEALTH CARE FOR ALL. ADVOCACY FOR THE UNDERSERVED.

Donation Form

GIFT AMOUNT

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$

GIFT DESIGNATION

☐ Capital Campaign - PACE ☐ General Operating ☐ Advocacy ☐ Other

ACKNOWLEDGEMENT

☐ Please publish my name as:

☐ I wish to remain anonymous

☐ This gift is in ☐ honor of ☐ memory of

☐ Please notify the following person of my gift

Mailing Address

PAYMENT METHOD

☐ Check enclosed made payable to Asian Health Services

☐ Credit Card

☐ Visa ☐ Mastercard Name Exp. Date

☐ Amex ☐ Discover Card # CVV

☐ I would like to make a recurring monthly contribution of \$
beginning on and ending on

☐ I have applied for a matching gift from my employer:
Company Name

COMMUNICATION PREFERENCES

Please indicate how you'd like to keep updated with AHS in the future.

☐ Phone ☐ Email

☐ Updated mailing address

PLEASE MAIL THIS FORM TO:

Asian Health Services
ATTN: Development Department
200 Webster St
Oakland, CA 94607

Thank you for your support!

Asian Health Services is a 501(c)(3) nonprofit organization. Federal Tax ID # 94-2235908. Your donation is tax deductible to the extent permitted by law.