

Pajaro Valley Community Health Trust
Donation Form

Your Name: _____

Address: _____

City and State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Fax: _____

How do you prefer to be contacted?

- Mail Email
 Phone Fax

I want to make this gift (please check box below):

- One Time **My gift is:** Unrestricted or
 Monthly **To be added to the:**
 Quarterly Dental Health Fund Diabetes Health Center
 Semi-Annually Founders Fund Phil Rather Fund
 Annually

Is this a: Memorial Gift? Honorary Gift?

In Memory of: _____

Please notify: _____

In Honor of: _____

Please notify: _____

Payment Preference (Choose one)

_____ I am enclosing my check in the amount of \$ _____ made payable to PVCHT

_____ Please charge my card in the amount of \$ _____.

- Master Card Visa American Express

Card Number _____ Expiration Date: _____

Three-digit # _____ Signature _____

***Please mail or fax this completed form to the Pajaro Valley Community Health Trust,
85 Nielson Street, Watsonville, CA 95076. Fax: (831)763-6084***