

Thank you for making a gift to Legacy Community Health!

DONOR INFORMATION

Name/Organization: _____ Male Female

Organization Contact Name: _____ Job Title: _____

(Complete only if Donor Name is a Corporation, Organization or Foundation)

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home Work Cell _____

Email: _____

This is a personal gift corporate gift estate gift

I would like to make a gift at the following level:

\$25 \$50 \$100 \$250 \$500 \$1,000 \$2,000 \$5,000 Other \$ _____

Enclosed is my check/cash donation of \$ _____. (Please make checks payable to Legacy Community Health)

Please charge my credit card: American Express Discover Master Visa

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature _____

I would like to support the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> General Primary Care | <input type="checkbox"/> mSociety |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> HIV Advocacy | <input type="checkbox"/> Pediatric Services |
| <input type="checkbox"/> Body Positive Wellness Center | <input type="checkbox"/> HIV Services | <input type="checkbox"/> Pharmacy Services |
| <input type="checkbox"/> COVID-19 Response Fund | <input type="checkbox"/> LGBT Services | <input type="checkbox"/> School Based Clinics |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Link2Legacy | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Education & Outreach | <input type="checkbox"/> Little Readers Program | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Family Medicine | | <input type="checkbox"/> Other _____ |

My gift is in honor of in memory of

Name: _____ Male Female

Please send notification to (gift amount will not be included):

Name: _____

Address: _____ City _____ State _____ Zip: _____

Please send this form with your contribution to:
 Legacy Community Health
 Development Department
 P.O. Box 66308
 Houston, TX 77266-6308

*If you have any questions, please contact:
 Claudette Guerrero at 832-548-5257 or
 CGuerrero@legacycommunityhealth.org*