

Thank you for making your gift!



FOUNDATION

Donor Information

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This is a personal gift corporate gift estate gift

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

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 CHAS Health Foundation)*

Please charge my credit card: American Express Discover Master Visa

Card Number: _____ Expiration Date: _____

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I would like to support the following

Greatest Need Rural Clinic Support

Health Equity Programs Cheney, WA Clarkston, WA Deer Park, WA

Patient Support Lewiston, ID Moscow, ID

My gift is in honor of in memory of

Name: _____

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

Name: _____

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

Return completed form to:

CHAS Health Foundation

611 N. Iron Bridge Way, Spokane, WA 99202

If you have any questions, please contact:

Kasey Webster, Foundation Director

kwebster@chas.org or 509.444.8888