

**ADAMS COUNTY HEALTH CENTER
DONATION FORM**

Please print out this form, fill it out, and mail or bring it to us, along with your check or money order (no cash, please). You may also use your credit card.

DONOR INFORMATION:

Name: _____

Address: _____

City/ST/Zip: _____

Telephone: _____

Email: _____

DONATION AMOUNT: I would like to donate \$_____.

OPTION:

I would like my gift to be In Memory Of: _____

I would like my gift to be In Honor Of: _____

If applicable, please enter the name and address of the person who should receive an acknowledgement letter:

Name _____

Address _____

CHECKS OR MONEY ORDERS:

Please make payable to THE ADAMS COUNTY HEALTH CENTER

CREDIT CARDS:

Name (as shown on card) _____

Card Type (circle one) MC VISA DISC AmEx

Card Number _____

Expiration Date [mm/yyyy] ____/____

Signature of Cardholder _____

MAIL or DROP OFF:

Mail to PO Box 428 ~ Council ID 83612 *or*

Drop off at the Health Center at 205 North Berkley in Council.

If you have any questions, please call us at 208-253-4242.

***THANK YOU! for your continued support
of the Adams County Health Center.***