



DONATION FORM

*Yes, I want to strengthen the culture of caring that
West Side Community Health Services provides for our diverse communities!*

Here is my tax-deductible donation in the amount of:

\$1,500 \$1,000 \$500 \$250 \$100 \$50 Other _____

This gift is in memory/honor (circle one) of: _____

I wish to make a gift of stock.

I am submitting a matching gift from my employer: _____

I wish my name to be listed as: _____

I wish to remain anonymous.

I wish my name not to be exchanged.

Credit Card: Visa Mastercard

Account #: _____

Expiration Date: _____

Name on card: _____

Security code #: _____

Signature: _____

Name: _____

Address: _____

Phone: _____

City, State, Zip: _____

E-mail: _____

Please make checks payable to: *West Side Community Health Services or WSCHS.*

Mail to: West Side Community Health Services
 Attention: Development Department
 153 Cesar Chavez Street
 St. Paul, MN 55107

Questions? Call Sara
 at (651) 389.2420

West Side Community Health Services is a federally registered 501(c)(3) nonprofit organization.