VIRGINIA GARCIA MEMORIAL FOUNDATION

PO Box 6149, Aloha, OR 97007

I want to make a donation to help provide enduring support for the Virginia Garcia Memorial Health Center, an organization whose mission is to provide high quality, comprehensive and culturally appropriate primary healthcare to the communities of Washington and Yamhill counties with special emphasis on migrant and seasonal farm workers and others with barriers to receiving healthcare.

I would like to donate $_____.

Name: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Phone: ( ) _____ Email: _____

Enter a description below of how you would like your donation to be used:

- ❑ Area of greatest need.
- ❑ Other: _____

Payment Information:

- ❑ Check (payable to "Virginia Garcia Memorial Foundation").
- ❑ Credit or Debit Card: ❍ Visa ❍ MasterCard ❍ Discover ❍ American Express

Card Number: _____ Expires: ____/____

Card Validation Code/Card Identification Number:* _____

Signature: _____

** Visa, MasterCard and Discovery cards have a 3-digit code (which is not embossed like the card number) that is the final group of numbers printed on the back signature strip or in a separate panel to the right of the signature strip.*

❑ Make this a monthly recurring donation. Charge my credit card $_____ and then $_____ a month until _____ / _____ / _____ *(minimum $10/month)*.

Name as You Would Like It to Appear For Recognition *(select one)*:

- ❑ As listed above. ❑ Anonymous. ❑ _____
- ❑ In honor of: _____ ❑ In the name of: _____

If your donation is 'In honor of' or 'In the name of' we will send a letter acknowledging your gift to:

Name: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Phone: ( ) _____ Email: _____

❑ **My company/employer makes matching gifts. I have enclosed my company's matching gift form.**

Company/employer: _____

Please return this form and your check or credit card information to:
Virginia Garcia Memorial Foundation, PO Box 6149, Aloha, OR 97007.

Questions? *Contact Kayla Mahiko, Individual Partnership Officer at Virginia Garcia Memorial Foundation at (503) 352-8618 or kmahiko@vgmhc.org or visit www.virginiagarcia.org.*