



Donation Form

Community Healing Centers
2615 Stadium Drive
Kalamazoo, MI 49008
P: (269) 343-1651
communityhealingcenters.org

1. DONOR INFORMATION (please print)

FIRST NAME LAST NAME

STREET ADDRESS CITY STATE ZIP

PHONE EMAIL (we do not sell or share your information)

2. DONATION LEVEL

I pledge a monthly donation of \$

OR

My one-time gift of:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other Amount \$

In honor of: In memory of:

Send acknowledgement to: (please include name and address)

My company has a Matching Gifts Program—I have enclosed the appropriate form

I wish to designate my gift to:

Where the need is greatest Children Services Addiction Services Mental Health Services

Please keep my gift anonymous

3. PAYMENT INFORMATION

Check is enclosed

Please charge my: Visa MasterCard American Express Discover

CARD NUMBER EXP CSV NO.

DONOR SIGNATURE DATE

THANK YOU for supporting Community Healing Centers!

Community Healing Centers is a 501(c)(3) non profit organization. Our EIN # is 38-1961500.
Donations made to Community Healing Centers may be tax-deductible to the fullest extent permissible by law.
Please check with your personal tax advisor regarding the deductibility of your gift.