



Community Healthcare Center gladly accepts donations. Your contribution allows us to expand and enhance our capacity to care for our patients. Community Healthcare Center is a 501 (c) 3 charitable organization and all gifts are tax deductible.

DONOR INFORMATION: *(ALL Required fields)*

NAME: _____

ADDRESS: _____

CITY, STATE and ZIP _____

EMAIL ADDRESS _____

PHONE: _____

My donation selection is: *(Required)*

- \$25
- \$50
- \$100
- \$250
- \$500
- \$1000
- Other _____

Please make my gift:

- In Memory of _____
- In Honor of _____
- In Celebration of _____

Please send an acknowledgement to: *(gift amount will remain confidential)*

NAME _____

ADDRESS _____

CITY, STATE and ZIP _____

You may also designate your gift specifically in support of:

- Area of greatest need
- Angel Fund
- Friends of the Community Healthcare Center Endowment Fund at the WFACF
- Other _____

PRINT THIS FORM and MAIL TO: *(Please make checks payable to Community Healthcare Center)*

Community Healthcare Center
PO BOX 720
Wichita Falls, TX 76307-0720