

ON LINE DONATION FORM

HealthFirst Family Care Center greatly appreciates the generosity of all who support our Federally Qualified HealthCenter. Your donations are tax deductible to the extent allowed by law.

I would like to make a gift of _____ to HealthFirst Family Care Center, Inc. to support:

____ Operations ____ Capital Campaign

My donation of _____ is paid in full with this submission. Yes ____ No ____

Please expect future payments of _____ during 2013 ____ 2014 ____ 2015 ____

I would like to be reminded: Quarterly ____ Annually ____ No Reminder ____

Name: _____

Complete Mailing Address: _____
(Street, City, State, Zip)

Email Address: _____

Telephone Number: _____

You may also go online to **www.healthfirstfr.org/donate.html** and select the paypal option.

Please make checks payable to: HealthFirst Family Care Center, Inc.

Mailto:
HealthFirst Family Care Center, Inc.
387 Quarry St, Suite 100
Fall River, MA 02723

We sincerely thank you for your generosity. A statement confirming your donation for tax purposes will be mailed to you.