

ON LINE DONATION FORM

HealthFirst Family Care Center greatly appreciates the generosity of all who support its programs and services. 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:

_____ Operational Campaign _____ Capital Campaign

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

Please expect future payments of _____ during 2006 _____ 2007 _____ 2008 _____

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

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

Email Address: _____

Telephone Number: _____

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

Mail to:
HealthFirst Family Care Center, Inc.
P.O. Box 5069
Fall River, MA 02723

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