



Mendocino Coast Clinics, Inc.
 Community Health Center
 205 South Street, Fort Bragg, CA 95437 www.mccinc.org
 707-964-1251

DONATION FORM

I want to support Mendocino Coast Clinics, Inc. and its Mission “to build a healthy community by providing quality, patient-centered health care to all coastal residents.”

Name _____

Mailing Address _____

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Phone _____ Email _____

Payment Type

Tax Deductible Donation of \$ _____ Check Enclosed

Charge my Credit Card VISA Master Card

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Memorials and Honorariums

In Memory of _____ \$ _____

In Honor of _____ \$ _____

Send a Memory/Honor acknowledgement card to family/individual.

No Yes

Name _____

Address _____ City/State/Zip _____

Name _____

Address _____ City/State/Zip _____

- I am interested in participating in Planned Giving.
- I would like to contribute a monthly pledge to MCC.
- I would like to volunteer at MCC fundraising events.
- I would like to provide a testimonial supporting MCC.
- Save your stamp! I don't need a letter acknowledging my contribution.

Thank you for your contribution.

**Please mail to: Mendocino Coast Clinics
 Attention: Executive Director
 205 South Street, Fort Bragg, CA 95437**

Mission Statement

To build a healthy community by providing quality patient-centered health care to all coastal residents.