



## CHI HEALTH CARE DONATION FORM AND PAYMENT

Your generosity to the **CHI Cares** fund enables CHI Health Care to provide free integrative health care to the most vulnerable among us. 100% of your tax deductible donation\* will be used to provide direct care to patients. With your support, we hope to reach the goal of never having to turn anyone away. Thank you!

### DONOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### PAYMENT OPTIONS

My check payable to "CHI Health Care" is enclosed

or

Please charge my credit card for the following amount \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Card Expiration Month/Year \_\_\_\_\_

Three Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Please mail (or drop off) this Donation Form to:

CHI Health Care  
15001 Shady Grove Road  
Suite 200  
Rockville, MD 20850  
Attention: Jane Walton

\*CHI Health Care is a 501(c)(3) nonprofit organization and donations are tax deductible to the fullest extent allowed by law. You will receive a receipt and thank you letter for your donation very soon.