



Donation Form

I would like to make a donation in the amount of:

- \$25 \$50 \$100 \$250 Other_____

Is this donation from an: Individual Organization

- Please keep this donation anonymous.

Name_____

Phone_____

Organization_____

Fax_____

Address_____

E-mail_____

Payment Information

- Check
 Credit Card (Master Card or Visa)

Total Payment \$_____

Credit Card Number _____

Expiration Date _____

Signature _____ Date _____

Please mail to CPEHN, 654 13th Street, Oakland, CA 94612.

Donations to the California Pan-Ethnic Health Network are tax-deductible.
A receipt will be sent to you for your records. CPEHN does not sell our mailing list.

Thank you for your support!

**654 13th Street • Oakland, CA 94612 • (510) 832-1160 • (510) 832-1175 FAX
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