



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 _____
City/State/Zip _____
Phone _____ Email _____

Payment Type

Tax Deductible Donation of \$ _____ Check Enclosed
 Charge my Credit Card VISA Master Card
Credit Card Number _____ Expiration Date _____
Card Holder's Signature _____

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.