



CASH/CHECK DONATION FORM

Nevada Health Centers, Inc.
Please send your completed form by fax (702) 307-5421 or mail to 4415 Spring Mountain Rd.
Suite 103, Las Vegas NV 89102
Attn: Shirley Hampton R.N.

Donor Name:		
Address		
Home Phone		Business Phone:
E-mail:		

Gift Amount:	\$	Date:	
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Gift Type: Check Cash

If gift is in honor of an individual, please list name of honoree and indicate type of gift:

Name of Honoree: _____ Relation to you: _____

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> In Memory | <input type="checkbox"/> Get Well Wishers |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Signature Event |
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Other: (Please list below) |
| <input type="checkbox"/> In Honor | _____ |

Please send notification of this gift to (optional):

Name:		Relation to Honoree:	
Address:			

Please check this box if you would like someone to contact you regarding this gift or to set-up a reoccurring gift.

Thank you for your generous support. Your donation is helping to support health access in our community

Administrative offices •4415 Spring Mountain Rd. Suite 103 •1802 N. Carson St. Suite 100
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