West Side
Community Health Services

DONATION FORM

Yes, I want to strengthen the culture of caring that
West Side Community Health Services provides for our diverse communities!

Here is my tax-deductible donation in the amount of:

☐ $1,500 ☐ $1,000 ☐ $500 ☐ $250 ☐ $100 ☐ $50 ☐ Other _____

☐ This gift is in memory/honor (circle one) of: _____

☐ I wish to make a gift of stock.

☐ I am submitting a matching gift from my employer: _____

☐ I wish my name to be listed as: _____

☐ I wish to remain anonymous.

☐ I wish my name not to be exchanged.

Credit Card: ☐ Visa ☐ Mastercard

Account #: _____ Expiration Date: _____

Name on card: _____ Security code #: _____

Signature: _____

Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ E-mail: _____

Please make checks payable to: *West Side Community Health Services or WSCHS.*

Mail to: West Side Community Health Services
Attention: Darcy Dungan-Seaver
153 Cesar Chavez Street
St. Paul, MN 55107

Questions? Call Darcy at (651) 389.2403

West Side Community Health Services is a federally registered 501(c)(3) nonprofit organization.