



HCC DONOR FORM FOR DOWNLOADING AND FAXING

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Yes, I want to help young people learn more about careers in the health industry and address the long-term need to encourage more talented leaders to enter the field.

Enclosed is a single gift of \$ _____

I prefer to make a pledge of \$ _____ Amount paid now \$ _____

Pledge balance to be billed: ? Monthly ? Quarterly ? Semi-annually

FAX to Health Career Connection: (510) 642-9891

Please charge \$ _____ to VISA/MC/AMEX/DISC # _____

Signature _____ Expiration date _____

Donor Information (Please print clearly)

Name: _____

Mr./Mrs./Ms.

Address _____

City/State/Zip _____

Telephone Number (____) _____

I have enclosed \$ _____

Questions? Call Health Career Connection at 510-642-2414