

DONATION FORM

HealthNet is a designated 501 (c) (3) organization. All donations are tax deductible to the extent allowed by the law.



I/We wish to support HealthNet, Inc. and its community health centers with a gift of:

- \$50 \$250 \$1,000 \$2,500
 \$100 \$500 \$1,500 Other (description) _____
\$ _____

I/We wish to support HealthNet, Inc. and its community health centers with a pledge of \$_____ to be paid _____ (monthly/quarterly) in the amount of \$_____.

Please send reminders to the address below.

I/We wish to designate this gift toward:

- Healthy Families Social Work Services
 Emergency Fund for Patients Homeless Initiative Program
 Other: _____ Mammography Unit Campaign

Name as it should appear in HealthNet, Inc. donor recognition publications.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

This gift is in honor of _____.

This gift is in memory of _____.

Please include contact address of the honoree or the family of the deceased so we may notify them of your gift: _____

Gift Donation Method:

- Check MasterCard Visa Discover

Credit Card Number: _____

Expiration Date: _____ 3-Digit Security Code: _____

Name on Credit Card: _____

Signature: _____ Date: _____

Please return form to Kay Johnson, Development Officer, at kay.johnson@indyhealthnet.org or by mail at HealthNet, Inc., 3403 E. Raymond St., Indianapolis, IN 46203. Please call (317) 957-2018 with any questions. Thank you!



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Thank you for making a difference.