

Yes! I would like to make a contribution in the amount of:

\$

Name:

Address:

Email:

I would like my contribution to be designated to:

- Greatest Need
- Behavioral Health
- Response Program
- Lou Addington Scholarship
- Endowment:
 (Please select which fund below)
- Coos County Family Health Services
- Primary Care
- Women's Health
- Dental
- NH Charitable Fund

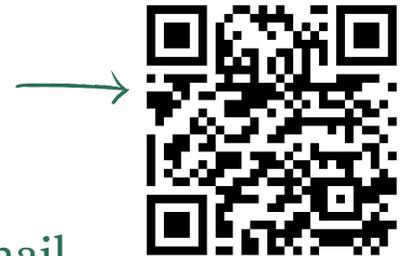
Donations accepted:

Online: coosfamilyhealth.org/giving

Cash: Drop off at any of our offices

Check: Drop off or mail

Credit Card: online, call any office, & by mail
 (use form below)



Credit Card information:

Card number:

Name on card:

Expiration Date:

CVV: Card Type: Visa Mastercard Discover Other

Signature:

