



Donation Form

Your Gift may be tax deductible on your federal tax return. Please make checks payable to: ECHO Community Health Care, Inc. 315 Mulberry Street, Evansville, IN 47713.

Visa and Master Card are also accepted by completing and mailing this form or calling (812) 421-7489, ext 271 for special arrangements.

Enclosed is My Gift by Check: Gift Amount: \$ _____ Check #: _____

Please charge My Gift to My Credit Card: VISA Master Card

Card #: _____ Expires: _____

Name on Card: _____ Signature: _____

I Intend to Donate Stock:

Name of Securities: _____ # to be Transferred: _____

Please use My Gift for:

Outreach to the Community Providing Medical Services in the Shelter To the Homeless on the Streets

Medical Care at:

John St-Woodson Homeless Campus Pediatric and Prenatal Campus Main Campus All Sites

Medical Needs:

For Children Uninsured Pregnant Women For Natural Disaster Victims

Please Notify the Following of My Tribute Gift (Contribution amount to remain confidential)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

My Full Name: _____ Spouse's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-Mail: _____

My Employer My Spouse's Employer has a Matching Gift Program:

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

In order to have your gift matched please complete the steps required by your employer and/or spouse's employer.

Thank You For Your Support Of Our Mission

ECHO Community Health Care, Inc. Provides Affordable, Accessible, and Appropriate Primary Health Care to all individuals, including the uninsured, under insured, and homeless. Care is provided by dedicated professionals and volunteers in an environment that promotes the client's self esteem and human worth, and reinforces self care management and positive life choices.