

DONATION FORM



California School Health Centers Association

The California School Health Centers Association (CSHC) is a nonprofit organization leading the movement to put health care where kids are -- in schools. We rely on individual and organizational contributions to advocate for school health centers. Our work includes:

- Advocating for public policies that support school health centers
- Building support among policymakers, community leaders, parents and students
- Assisting communities seeking to start school health centers
- Providing technical assistance, guidance and support to existing school health centers
- Increasing access to the high quality health care and support services provided by school health centers
- Promoting the health and academic success of children and youth

NAME AS YOU WISH IT TO APPEAR IN CSHC MATERIALS

CONTACT PERSON: FIRST NAME

LAST NAME

TITLE

ORGANIZATION NAME (IF APPLICABLE)

ADDRESS

CITY

STATE

ZIP

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E-MAIL ADDRESS

WORK PHONE

ALT. PHONE

DONATION AMOUNT:

___ \$35

___ \$70

___ \$100 (Individual member level)

___ \$200 (Organization member level)

___ \$500

___ \$1500

___ \$2000

___ Other amount: \$ _____

Thank you for your tax deductible donation.

Make checks payable to "CSHC" and mail with this form to:
CSHC, 660 13th Street, Suite 202, Oakland, CA 94612

Questions? Please contact us at (510) 268-1260

- Please recognize me as a member for donating at or above the membership level (for individuals contributing at least \$100 or organizations contributing at least \$250).
- Please list me as a donor, but not as a member.
- Please do not list my name in any publications.

Yes! I would like to grow the movement by:

- Contacting my legislator
- Organizing a meeting among interested groups in my community
- Hosting a local event to promote the cause
- Arranging a presentation for my office or organization