

ON LINE DONATION FORM

HealthFirst Family Care Center, Inc. greatly appreciates the generosity of all who support our Federally Qualified Health Center. Your donations are tax deductible to the extent allowed by law.

I would like to make a gift of _____ to HealthFirst Family Care Center, Inc. to support:

_____ Operations _____ Walkathon

Specific HealthFirst program: _____

Donor Information

Name: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

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You may also go online to www.healthfirstfr.org/donate.html and select the PayPal option.

Please make checks payable to: HealthFirst Family Care Center, Inc.

Mail to:

HealthFirst Family Care Center, Inc.
Att'n: Marketing & Development Department
387 Quarry St, Suite 100
Fall River, MA 02723

We sincerely thank you for your generosity. A statement confirming your donation for tax purposes will be mailed to you.