



1065 Bucks Lake Road | Quincy, CA 95971 | (530) 283-7975

Donor

Donor Name _____

Mailing Address _____

City _____

State _____

Zip _____

Telephone _____

Email _____

Gift

I would like to make a contribution of \$ _____ to Plumas Health Care Foundation.

I would like this donation to be allocated to (*please check one*):

The area of greatest need

Special Project: _____

Note: special projects must comply with PHCF's Gift Acceptance policy. Please contact the Foundation's office at (530) 283-7975 to learn more.

Recognition

Please recognize my gift in the name of: _____

I would rather be recognized as Anonymous.

This is a Memorial / Tribute gift honoring: _____

Please notify this person of this gift

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Payment Method

Cash

Check (payable to Plumas Health Care Foundation)

Credit Card (type): _____

Name on card: _____

Card Number: _____

Expiration Date: _____

Signature: _____