

Tribute Gift Form

Please fill out the following so that we may properly receipt and acknowledge your gift.

Today's Date: _____ Salutation (circle one): Dr. Mr. Mrs. Ms. Other: _____

Business/Organization (if applicable): _____

Donor Name/Contact (must be an adult for tax purposes): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

This gift is intended for: _____
(Name of Department, Program, or for General Use)

Enclosed is my check made payable to Sacramento Native American Health Center, Inc.

Amount: _____ Check #: _____

Please charge my credit card: Visa MasterCard Discover American Express

Amount: _____ Credit Card Number: _____

Name on Card: _____ Expiration Date: _____

Signature: _____

The gift(s) above are in memory/in honor of: _____

Send acknowledgement to*: _____

Comments: _____

Please mail this form to:
Sacramento Native American Health Center, Inc.
2020 J Street
Sacramento, CA 95811

*Provide name and address of person(s) to receive acknowledgement of the gift. All gifts are tax deductible to the extent provided by law.