

## 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: \_\_\_\_\_

### For Gifts of Check/Credit Card:

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: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

All gifts are tax deductible to the extent provided by law.