



## Donation Form

**Yes, I'll help to improve the health of DC residents.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Here's my special gift of:

\_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ \$\_\_\_\_\_ (other amount)

Please charge my credit card.

\_\_\_ Visa \_\_\_ MC \_\_\_ AMEX \_\_\_ DISC

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Expiration Date

To give a gift online, go to <http://www.dcpca.org/join-dcpca/donate/>

Please make your check payable to:

DC Primary Care Association  
Attention: Development  
1411 K Street, NW, Suite 300  
Washington, DC 20005

Please add me to your email list so I can receive updates on your work.

\_\_\_\_\_  
(please provide your email address)