

*Your gift to Peninsula Community Health Services helps to provide accessible, affordable, quality health and wellness services for low-income, uninsured, and underserved children and adults throughout our community. Gifts in any amount are welcome and are tax deductible to the extent of the law.*

Please accept my contribution of \$ \_\_\_\_\_.

Check one:  Check payable to PCHS is enclosed.

Charge to my:  Visa  MasterCard

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

My Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

This gift is given (check one):  In Honor of  In Memory of

Name: \_\_\_\_\_

Occasion: \_\_\_\_\_

Please notify the following individual of this gift (amount is not shared):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Please send me information regarding:

PCHS Programs and Services

Becoming a Volunteer

Charitable Estate Planning

Upcoming Events

Complete this form and mail to:

Peninsula Community Health Services

PO Box 960

Bremerton, WA 98337

*Peninsula Community Health Services is a 501(c)3 organization registered with the Washington State Charities Division.*

*Questions? Please call our administrative office at 360.478.2366.*

***From all of us at PCHS, thank you for your generous support of our community!***