

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 \$ _____ and apply to:

Reach Out and Read PCHS participates in the national evidence-based program *Reach Out and Read*. The program builds on the unique relationship between parents and their child's medical provider. Providers choose a developmentally appropriate book as a gift to encourage reading aloud and development of early reading skills. In addition to the pleasure of the gift, the books help show a child's growing milestones during the well child visit from six months to five years of age. Your contribution will help purchase children's books and help put a smile on a child's face.

Patient Assistance Fund The Edmund G. Tegenfeldt, MD, Patient Assistance Fund helps qualifying medical and dental patients pay for ancillary services. The Fund pays for labs, imaging (x-rays, MRIs), and medications for those who need the services and prescriptions, but cannot afford them. The Fund is named for one of our first medical directors who was known for using personal funds to help his patients.

Willow's Fund Willow's Fund specifically helps eligible homeless individuals pay for ancillary services. The fund is named after Richard LeMieux's dog, Willow, who was a faithful companion to Richard through good days and bad and all those in between. Richard is the author of *Breakfast at Sally's*, which shares his personal experience with homelessness in the Bremerton, Washington area.

No Preference Your donation will go to one of the above options.

Check one: Check payable to PCHS is enclosed.

Charge to my: Visa MasterCard

Card # _____ Exp. Date: _____

Name: _____

Mailing Address: _____

City, State & Zip: _____

Daytime Phone: _____ E-mail Address: _____

(If applicable) 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

Attn: PCHS Donations

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!