MATERNAL AND CHILD HEALTH ACCESS DONATION FORM

Mail this form with your donation to:
Maternal and Child Health Access
Att: Donations
1111 W. 6th St., Ste. 400
Los Angeles, CA 90017

INSTRUCTIONS
Please fill this form out completely and legibly to avoid processing delays. A donation form must accompany each donation check. All donations are non-refundable and non-transferable. All donations are tax deductable to the extent allowed by law.

If gift is in honor or tribute please provide name

1 Print your information clearly

FIRST NAME

LAST NAME

COMPANY NAME (for business donations only)

PHONE NUMBER

MAILING ADDRESS

SUITE/APT. #

CITY

STATE

ZIP CODE

2 Donation Amount Email Address*

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A receipt will be emailed to you.

3 Choose Your Payment Option

☐ PERSONAL CHECK
Please make your check payable to Maternal and Child Health Access

Please note:
We cannot accept foreign checks or foreign credit cards. Donations are non-refundable and non-transferable.

☐ CREDIT CARD VISA MASTERCARD DISCOVER AMEX
(circle one)

ACCOUNT NUMBER

EXP. DATE

SIGNATURE

DATE

MCHA is a 501 (c) (3) nonprofit organization. All donations are tax deductible