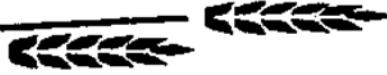




Northland Community Health Center

•McClusky •Rolette •Rolla •Turtle Lake

"Our Family Caring for Your Family"



Tax-Deductible Donation Form

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ E-mail: _____

Donation Information:

Donation Amount: \$ _____ Payment Type: Cash ___ Check ___ Credit Card ___

Credit Card Type: MasterCard _____ Visa _____ Discover _____

Credit Card Number: _____ Exp Date _____

Donation Frequency: One Time ___ Recurring ___ Frequency _____

Restrictions on Use: No ___ Yes ___ (If Yes, Please Specify) _____

Please print, complete this form, and mail it along with your payment or your payment information to: Northland Community Health Center, PO Box 535, Turtle Lake, ND 58575.

Acknowledgement by Northland Community Health Center:

Printed Name & Title: _____

By: (signature) _____

Acknowledgement Date: _____

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