

# HOUSING FOR HEALTH ORANGE COUNTY

## Donation Form

Please include completed form along with your check donation when sending. Thank you.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

- Enclosed is my check for \$\_\_\_\_\_. (Make checks payable to **Housing For Health OC**)
- I prefer to make this donation anonymously; please do not publish my name as a donor.
- This donation is on behalf of \_\_\_\_\_
- This gift is in memory of/in honor of (*circle one*) \_\_\_\_\_

- 
- I want to become a sustaining monthly supporter! Please charge my credit card each month in the amount of \$\_\_\_\_\_. I have provided my credit card below.

- Visa       MasterCard       American Express       Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Signature (required) \_\_\_\_\_

**Please mail this form, along with your donation, to:**

To The Attention of the CEO  
Housing For Health OC

17701 Cowan #200  
Irvine, CA 92614



For questions, please contact Rachel Steinmetz at (949) 401 9591 or [rachel.s@housingforhealthoc.org](mailto:rachel.s@housingforhealthoc.org)