

Pledge form



Foothill Community Health Center envisions a leadership role in comprehensive primary health care services. Our vision is to improve the health, well-being, and safety of our community by providing a caring and welcoming health care experience.

Yes! Enclosed is my tax-deductible gift.

CHECK:

Enclose is my check payable to San Jose Foothill Community Health Center

Donor Information (please print or type)

Name _____
Billing address _____
City, St zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid:

now monthly quarterly yearly

I (we) plan to make this contribution in the form of:

cash check credit card other

CREDIT CARD:

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

OTHER GIFT:

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

San Jose Foothill Community Health
Center
2670 South White Rd., Suite # 115
San Jose, CA 955148

Thank you for your support!. If you need to contact us, please send an email to cgarcia@siffcc.org or contact Carlos Garcia at (408) 729-3162.