



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.

Enclosed is my tax-deductible gift, payable to

*San Jose Foothill Community Health Center
2670 South White Rd., Suite #115
San Jose CA 95148*

DONOR INFORMATION

Name: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone 1 | Phone 2: _____

Email | Fax: _____

PLEDGE INFORMATION

I/We pledge a total of \$ _____ to be paid (cross one):

Now Monthly Quarterly Yearly

I/We plan to make said contribution in the form of:

Cash Check Other _____

OTHER GIFT (if applicable)

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

Form enclosed Form will be forwarded

ACKNOWLEDGEMENT INFORMATION

I wish to remain anonymous

I wish to be referenced as _____

Signature(s)

Date