



**Family**  
HEALTHCARE

Yes! I want to support Family Healthcare with my

**TAX-DEDUCTIBLE** gift in the amount of \$ \_\_\_\_\_ enclosed check

Charge my credit card: VISA \_\_\_\_\_ MC \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ DISCOVER \_\_\_\_\_

Name on card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Please bill me Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ One-time only \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

**Your donation helps provide discounted services for our patients and access to:**

Medical visits for Washington County School District Students

Behavioral health counselling for depression, bi-polar and other mental illnesses+

Childhood and Adult immunizations+

Psychiatric Assessments for mental illness diagnoses, prescription drug abuse and alcoholism+

Dental Examinations and cleanings for families+

Prenatal and delivery care for women (patients signs up for Medicaid)+

Cancer screenings+

Patient-centered integrated health care+

+ 70% of our patents are 100% or below poverty--\$24,600 annual income for family of four. \$12,060 for a single patient.

Do we have permission to publicly acknowledge your gift? \_\_\_\_\_



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