



Health Care Network

**You Can Make A Difference.
Help Us Continue Our Mission!**

I am pleased to support Health Care Network with this contribution. I want to ensure the health of all people in my community.

Enclosed is my donation of:

\$10 \$25 \$50 \$100 \$200 \$500 \$1,000 Other _____

Please make checks payable to **Health Care Network, Inc.** and mail to:
500 Wisconsin Avenue
Racine, WI 53403

Visa & Mastercard accepted. Call Health Care Network at (262) 632-2400 to charge your donation to your credit card.

Name: _____

Address: _____

City, State, Zip: _____

Phone (Optional): _____

Email Address (Optional): _____

Yes, you may list my name as a supporter of the Network in your next newsletter.

Do not list my name.

Your donation is tax deductible.

This is an ___ honor gift ___ memorial gift.

Honor or memorial in name of _____

Acknowledgement to:

Name

Address

City, State, Zip