

Donate



I want to support Central City Community Health Center, Inc.

I/we wish to give the amount of: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Can we contact you via: Standard Mail Email Phone

One time gift:

Credit or debit card payment at www.centralcityhealth.org or

Card Number _____ Exp. Date _____ Security Code _____

Payment enclosed (\$ amount) _____

Please make check payable to Central City Community Health Center, Inc.

Mail to:

Central City Community Health Center, Inc.

2019 Saturn Street

Monterey Park, CA. 91755

Gift made over time:

Monthly, quarterly or annual credit or debit card payments can be made at

www.centralcityhealth.org

Honorary gift:

This gift is in honor/memory of: _____

Please send acknowledgement to: _____

Address: _____

For more information contact:

Finance Department
(323) 724-0019 Option #4
finance@centralcityhealth.org

I/we wish to have our gift remain anonymous.

Central City Community Health Center, Inc., (CCCHC) is a 501(c)(3) Charitable Organization.