



1798 A Bay Road, East Palo Alto, CA 94303

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

My gift, in the amount of \$_____ is:

Anonymous

In memory of _____

In honor of _____

Please make checks payable to Ravenswood Family Health Center

Enclosed is my check

Charge my Credit Card – Visa or Mastercard

Card #: _____

Expiration Date: _____

Signature: _____

Printed Name: _____

We thank you for your contribution to Ravenswood Family Health Center. For more information on ways to give, please contact Aaron Lones at (650) 617-7828 or alones@ravenswoodfhc.org