



Health Care Network

**You Can Make A Difference
YOU CAN HELP!!!**

I am pleased to support Health Care Network Inc. I want to ensure the health of all citizens in my community.

Enclosed is my donation of:

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

Please make check payable to **Health Care Network, Inc.** and mail to:
904 State Street, Racine WI 53404

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