



***YES, I will help CAHN provide affordable
medical and dental care to our community!***

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CAN WE ADD YOUR NAME TO OUR LIST OF SUPPORTERS ON OUR WEBSITE? ___ Yes ___ No

Enclosed is my check in the amount of:

___\$25 ___\$50 ___\$100 ___\$500 ___\$1,000 ___Other

Please make your check payable to: Capital Area Health Network

Your gift is tax-deductible.

PLEASE MAIL YOUR CHECK WITH THIS FORM TO THE ADDRESS BELOW:

*Capital Area Health Network
Attention: Nancy Coffey
2025 E. Main Street, Suite 101
Richmond, VA 23223*

*If you wish to donate by credit card, please go to our website at
www.cahealthnet.org and select "donate now." You can make your
donation online!*

QUESTIONS? PLEASE CALL NANCY COFFEY AT (804) 253-1981.

Thank you for your generous donation!