



WILSHIRE HEALTH AND COMMUNITY SERVICES

Helping People Live a Better Life.

DONATION FORM

DONOR

Name _____

Address _____

City/State/Zip _____

Phone _____

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DONATION

Enclosed is my tax-deductible contribution of: \$ _____

Please allocate my gift to:

- Wherever the need is greatest
- Wilshire Community Services
- Wilshire Home Health
- Wilshire Hospice
- Creative Mediation at Wilshire Community Services

My gift is a tribute:

- In memory of _____
- In honor of _____

Send acknowledgement to:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Payment Information

- Enclosed is my check made payable to Wilshire Health & Community Services
- Please charge total amount to my credit card:

Card# _____

Exp. Date: _____

Security Code: _____

Billing Address, if different than above: _____

Signature _____

Date _____

Thank You for your donation to Wilshire Health & Community Services,
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Federal Tax ID #95-2374185