



# CHAIR DONATION FUND

I WOULD LIKE TO DONATE \$ \_\_\_\_\_

to Gateway Community Health Center to go toward the purchase of \_\_\_\_\_ waiting room / conference chair(s).

Each donation will be recognized with a small plaque that will be attached to an individual chair.

The total amount of my donation is \_\_\_\_\_ and I would like for \_\_\_\_\_ chair(s) to bear the name(s) of:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Donor(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

***All of the above information is optional and donor can request that his/her name be held confidential.***

