

Give a little...
Help a lot!

Support the NCHS 2018
Employee Giving Campaign.



a california *health* center

Yes, I want to support our mission to provide access to high-quality health care!

Name: _____ Work email: _____@nchs-health.org

Home Address: _____

City: _____ ZIP: _____

Pledge

Pledge Amount: \$ _____

Pledge to be paid as follows:

Payment Enclosed Payroll Deduction

Per Pay Period Deduct \$ _____ One Deduction in (month): _____

Check Payable to: North County Health Services

Credit Card Visa MC AmEx Discover

Credit Card Number: _____

Exp.: _____ Sec. Code: _____ Name on Card: _____

Signature: _____ Date: _____

**All Pledges must be signed and dated.*