For nearly 50 years, NCHS has been serving the residents of Ramona with comprehensive healthcare services that include adult care, pediatrics, dental, and behavioral health. In order to continue to serve the increasing patient population we’ve moved to the former Sears building at 220 Rotanzi Street. This new site will allow for a 39% increase in patient access!

A unique opportunity is available to give your family, child or business the chance to forever leave a mark as a difference-maker with a simple, one-time gift of a leaf — a symbol of support for a healthier future for Ramona.

**Engraved Donor Tree Leaf** - $350

Order with the form on back, or online at [www.nchs-health.org/ways-to-give/](http://www.nchs-health.org/ways-to-give/)
Help support a healthier future for Ramona!

$350 - 6" x 4" leaf with 3 lines of engraving

DONOR INFORMATION

☐ Mr.  ☐ Mrs.  ☐ Ms.  Name __________________________________________________________________________________________

Mailing Address ______________________________________________________________________________________________________

City, State, Zip _________________________________________________________________________________________________________

Phone  ☐ home  ☐ cell  ☐ work _________________________________ Email Address __________________________________________________________________________________________

Date of Birth ___________________________________________________ month / day

LEAF ENGRAVING

1st Line (up to 10 characters, include spaces)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2nd Line (up to 10 characters, include spaces)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3rd Line (up to 12 characters, include spaces)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

PAYMENT OPTIONS

☐ CASH/CHECK: Enclosed is cash or check made payable to North County Health Services in the amount of $ _____________

☐ CREDIT CARD:  ☐ Visa  ☐ Mastercard  ☐ AmEx  ☐ Discover

Credit Card Number_________________________________________ Expiration Date _______________ Sec. Code _______________

Mailing Address ______________________________________________________________________________________________________

City, State, Zip _________________________________________________________________________________________________________

Signature _________________________________________________________________ Date _____________________________

Questions? Contact Jennifer Pena at (760) 736-6710 or jennifer.pena@nchs-health.org.