

The Cabarrus Public Health Interest

Donation Form

Your contribution to The Cabarrus Public Health Interest, a 501 (c)(3) organization, supports the unmet public health needs in Cabarrus County and the disease prevention and educational activities of the Cabarrus Health Alliance.

Enclosed is my tax-deductible (Tax ID #20-3146359) gift of:

\$500 \$250 \$100 \$50 \$25 \$_____

Specific designation to: _____

My company will match this gift. Enclosed is my completed matching gift form.

Please make checks payable and mail to: The Cabarrus Public Health Interest
P. O. Box 1347.
Kannapolis, North Carolina 28082-1347

Please charge my VISA MasterCard

Credit Card Number _____ Exp. Date _____

Signature _____

Donor information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

This is in memory in honor of: Name _____

Send acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____