



**I want to support Sixteenth Street Community Health Centers**

I/we wish to give the amount of \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: home/work \_\_\_\_\_ mobile \_\_\_\_\_

Email \_\_\_\_\_

Can we contact you via:  Standard Mail  Email  Mobile  All

Anonymous gift?  Yes  No

One time charge

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

Check enclosed

Please make check payable to Sixteenth Street Community Health Centers and mail to:

Sixteenth Street Community Health Centers  
1032 S Cesar E Chavez Drive  
Milwaukee, WI 53204  
Attn: Cindy Kazan, VP of Advancement

This gift is in honor/memory of: \_\_\_\_\_

Please send acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please direct comments or questions to Cindy Kazan, VP of Advancement @ 414-897-5161; [Cynthia.kazan@sschc.org](mailto:Cynthia.kazan@sschc.org)