

How to Donate

If you would like help with a pledge or contribution, please complete this form and return it to:

**Director of Resource Development
Community Healthlink
72 Jaques Ave., Worcester MA 01610-2480**

If you have any questions please direct them to:
Paul Richard, Director of Resource Development
508-860-1217 or email prichard@communityhealthlink.org.

CONTRIBUTION-PLEDGE FORM

I am pleased to contribute: \$1000
 \$500
 \$250
 \$100
 \$50
 Other (enter amount) \$ _____

DONATION TYPE: Pledge
Please bill me: quarterly semi-annually
 One-time contribution

DONOR DESIGNATION:

I would like my gift to support one of the following:

- Youth Services
- Women in Recovery
- Homeless Outreach Services
- Medical Respite Bed Program
- Adult mental health
- Substance abuse recovery services
- Unrestricted (use my gift as needed)

YOUR NAME: _____

ADDRESS: _____

Street

City/town

zip

This gift is in honor of _____

This gift is in memory of _____

I wish that my gift be anonymous Yes No

Note: Please make check payable to "Community Healthlink."