



WWW.COMMUNITYHEALINGCENTER.ORG  
2615 Stadium Drive  
Kalamazoo, MI 49008  
269-343-1651

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

CIRCLE OF FRIENDS  
( \$1000 + )

We / I enclose \$ \_\_\_\_\_

Gift in honor of \_\_\_\_\_

SPECIAL DONORS  
( 1.00 + )

Gift in memory of \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My company has a matching gifts program  
I have enclosed the appropriate forms.

***I wish to designate my gift to a specific program***

Mental Health Treatment Services

Addiction Treatment Services

Children's Advocacy Center

Infant and Parent Services

Child at Heart Endowment Fund

**We / I have enclosed a check for \$** \_\_\_\_\_

Credit Card:  Visa  Mastercard

Name on card \_\_\_\_\_ Account # \_\_\_\_\_

Amount to be billed \_\_\_\_\_ Exp. date \_\_\_\_\_ 3/4 digit security code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you very much for supporting the work of the Community Healing Centers. If you have any questions, please call the Development Office at 269-343-1651 ext 154 or email us at [lkirby@chcmi.org](mailto:lkirby@chcmi.org). Community Healing Centers is a 501C(3) nonprofit organization. Your contribution is tax deductible to the full extent allowed by law.