



# ALL FOR HEALTH, HEALTH FOR ALL

## DONATION FORM

Please print clearly.

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I would like to make a donation of:  \$10  \$25  \$50  \$100  Other \$ \_\_\_\_\_

Your Name: \_\_\_\_\_

Donation on behalf of: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

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Please check here if you do **NOT** want your name mentioned on our web site.

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### **Please mail your check payable to All For Health**

Please mail your check with this donation form to:

All For Health, Health For All  
519 E. Broadway Blvd.  
Glendale, CA. 91205

All For Health is a 501(c)3 non-profit organizations dedicated to providing healthcare for indigent and non-insured patients in Los Angeles County. Your donation is tax-deductible. Questions, please call (818) 409-3020