



Project Access NOW

Connecting people to health care. Today.

Donation form

Please complete this form (note you cannot save the data), print it, and mail it together with your contribution to Project Access NOW, P.O. Box 10953, Portland, OR 97296.

Thank you for your support!

Name:

Address:

City, state, ZIP:

Phone: () -

Email: @

I enclose a one-time gift of (check one)

\$50 \$100 \$250 \$500 \$1,000 Other: \$

Please make checks or money orders payable to Project Access NOW.

I wish to make this donation

in memory of

in honor of

Please send acknowledgement to:

Name:

Address:

City, state, ZIP:

Signature:

Date: / / 20

*Project Access NOW is a 501(c)(3) nonprofit organization, federal tax ID / EIN 20-8928388.
All donations are tax deductible to the extent provided by law.*