



Providing services and comfort to persons and families affected by HIV/AIDS and Hepatitis C, and the co-occurring disorders of mental illness and substance abuse

MCAVHN is a 501c(3) organization. Your donation is tax-deductible.

### Make checks payable to MCAVHN

To designate your donation for a specific Project Fund, check a box at the bottom of the form. (Please check only one box.) You may print the name of a special fund on the blank line and designate it. If you do not check a box, your donation will be placed in the General Fund, which supports all project types.

If you wish to make your donation in honor or memory of another person, please **PRINT** the person's name in the "Other Name" space **and** include the text "(honor)" or "(memory)" **and** the address where you would like us to send an acknowledgement of your contribution.

**PLEASE PRINT THE INFORMATION FOR YOUR DONATION ON THIS FORM AND MAIL THE FORM WITH YOUR CHECK OR CASH DONATION TO:**

MCAVHN  
PO Box 1350  
Ukiah, CA 95482



Questions? Call (707) 462-1932

### Make a Check or Cash Donation

(Please PRINT all information)

\* Indicates a required entry

\* Enclosed is my contribution of \$ \_\_\_\_\_

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

email: \_\_\_\_\_

\* Donor Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip: \_\_\_\_\_

\* Telephone: ( ) \_\_\_\_\_

\* Cell: ( ) \_\_\_\_\_

Other Name: \_\_\_\_\_

This donation is designated for (check only one):

The General Fund

\_\_\_\_\_ Fund

(Print name of fund)