



HCC DONOR FORM FOR DOWNLOADING AND MAILING

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Yes, I want to help young people learn more about careers in the health industry and address the long-term need to encourage more talented leaders to enter the field.

Enclosed is a single gift of \$ _____

I prefer to make a pledge of \$ _____ Amount paid now \$ _____

Pledge balance to be billed: ?Monthly ??Quarterly ??Semi-annually

<p>Make check payable to: Health Career Connection</p>	<p>Send Check to: Health Career Connection Jeff Oxendine School of Public Health 521 Warren Hall, #7360 Berkeley, CA 94720-7360</p>
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Please charge \$ _____ to VISA/MC/AMEX/DISC # _____

Signature _____ Expiration date _____

Donor Information (Please print clearly)

Name: _____

Mr./Mrs./Ms.

Address _____

City/State/Zip _____

Telephone Number (____) _____

I have enclosed \$ _____

Questions? Call Health Career Connection at 510-642-2414.