

MAIL-IN GIFT FORM

WNC Health Network is a 501(C)3 not-for-profit corporation organized under the laws of the State of North Carolina.



Program Code

If this gift is part of a special fund-raising effort, please enter the code here. If not, please disregard.

Please return this gift form to:

WNC Health Network, Inc.

1 Haywood St., Suite 425
Asheville, NC 28801

Donor Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Email: _____

YES, I would like to be added on your email list.

This is how I would like my gift designated

Where it is most needed

WNC Healthy Impact

Health Communications

WNC Data

Other

Please specify: _____

Gift Information

Enclosed is my gift of \$ _____ Please make check payable to WNC Health Network, Inc.

Memorial and Tribute Form (Optional)

Send gift notification to: In Honor of In Memory of

Honoree Name: _____

Recipient Name: _____ Recipient email: _____

Add a message (optional)

If you have any questions, please email us at Erin.Braasch@wnchn.org or call 828-418-5037 between 8:00am – 5:00pm Eastern Standard Time, Monday through Friday.

Thank you for supporting health in western North Carolina!