



Health Care for All – California Education Fund

PO Box 5833, Novato, CA 94948

healthcareforalleducationfund.org

Please print and fill out the following Donation Form, and enclose it with your check.

Name(s) _____

Phone _____

* Email _____

Street address _____

City, State, ZIP _____

Donation

\$500

\$250

\$100

\$50

Other \$ _____

*Please make your check payable to **HCA – CA Ed. Fund***

Mail this form and your check to: HCA - CA Ed. Fund
PO Box 5833
Novato, CA 94948

If this donation is in memory or in honor of a person write in the name below:

Name _____

If this donation is in honor of a person also provide their e-mail and address:

* Email _____

Street address _____

City, State, ZIP _____

And enter the name and address of the person you would like us to notify of your donation.

Name _____

Street address _____

City, State, ZIP _____

Thank you!