Health Care for All – California

Donation form

healthcareforall.org

Yes! I want to support the movement for universal single payer health care in California.

Name(s) ____________________________________________

Phone _________________________________________________________________________ □Home □Cell

* Email _________________________________________________________________________

Street address __________________________________________________________________

City, State, ZIP __________________________________________________________________

Contribution □$250 □$100 □$50 □$25 □Other __________________________

Contributions to Health Care for All - California (HCA) are not tax-deductible.

Donate by CHECK

☐ Please make check payable to HCA-CA

By CREDIT CARD

Check one ☐ Visa ☐ MasterCard

Account No. ____________ ____________ ____________ ____________

Expiration date ____________ ____________ CVV # ________

Name on card _________________________________________________________________

Signature _________________________________________________________________

Check one ☐ One time contribution (amount indicated above)

☐ **Recurring contribution of $_________ (indicate frequency below)

☐ Monthly ☐ Quarterly ☐ Yearly

Recurring contributions help us achieve a dependable financial base and reduce our administrative costs.

Mail form and check (or credit card information) to: Health Care for All - CA

PO Box 5833

Novato, CA 94948

To donate ONLINE go to healthcareforall.org and select “Donate” on the Menu bar.

Thank you!

* Email address required for credit card users.

**Recurring contributions continue at the frequency selected until you request them to change or stop.

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