



# 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.*

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### Donate by CHECK

Please make check payable to **HCA-CA**

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### 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.*

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

**PO Box 5833**

**Novato, CA 94948**

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To donate **ONLINE** go to [healthcareforall.org](http://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.**