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| **Donation Form** | Community Healthcare Network-Ng Inc, |

Bring Hope to Countless lives by making an Impact

## Donor Information

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| --- | --- |
| BUSINESS NAME | NAME (LAST, FIRST, M.I.) |
| STREET ADDRESS | EMAIL |
| CITY, STATE, ZIP | PHONE |
| WEBSITE | ALTERNATE PHONE |

## Donation Description( All Donations are 501(c)3 tax- deductible)

|  |
| --- |
| CHECK ONE: 🞏 CASH 🞏 PRODUCT / ITEM 🞏 SERVICE 🞏 OTHER |
| AMOUNT / DESCRIPTION | DATE |
| NOTES |

## Contact Information

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| **Community Healthcare Network-Ng Inc** 81 Central Hwy Box 141Stony Point, NY 10980-9998**www.Chcn-ng.org** | **Kelechi Njoku**Finance Committee Chair**Phone:** (917)692-2155**Email:** CommunityhealthcareNetwork@gmail.com |