



Onestop Medical Center

Compassionate Care for Every Patient

DONATION FORM

Yes, I want to help provide quality health care for patients and families. Enclosed is my gift of:

- \$10,000
 \$5,000
 \$2,500
 \$1,500
 \$1,000
 \$500
 \$250
 \$100
 \$50
 Other \$ _____

DONOR INFORMATION

First Name: _____ Last Name: _____
 Email: _____ Business / Agency (if applicable): _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: (____) _____

PAYMENT OPTIONS

Option 1: Pay by Check

Make check payable to "Onestop Medical Center" and mail to the address below.

Option 2: Pay by Credit Card

Card Type: VISA
 MasterCard AmEx
 Discover
 Name on card: _____ Card number: _____
 Exp. Date: _____ Security code: _____ Signature: _____

TRIBUTE OPPORTUNITIES

- This gift is (choose one)
 in honor of
 in memory of: _____
 I prefer to be listed as an anonymous donor

DONATION DESIGNATION

Unless otherwise designated, your contribution will be allocated where the need is the greatest.

- If you would like to designate your gift to a specific program/service, please check the box and specify here:

<p>Please mail your completed form with your check or credit card information to: Onestop Medical Center — Attention: Development 6155 Stoneridge Dr, STE 210 Pleasanton, CA 94588</p>	<p>Questions? Contact us: Phone: +1 (925) 263-9547 Email: info@onestopmedical.org Website: www.onestopmedical.org</p>
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On behalf of our patients and community, Thank You!

Onestop Medical Center is a registered 501(c)(3) nonprofit organization. Your donation is tax-deductible to the extent allowed by law.