Centro San Vicente Patient Fund Campaign

Yes! I would like to support the health of my community!

Name:	PREFERRED PAYMENT OPTIONS
Address:	Check: Please make payable to Centro San Vicente.
City:State:Zip:	☐ Credit Card: ☐ Visa ☐ MasterCard
Phone:	Account #Expiration Date
I WOULD LIKE TO MAKE A GIFT OF	
□\$500 □\$200 □\$100 □\$50 □\$25 □\$	
□One-time □ Monthly □ Quarterly	
For multiple pledges, Centro San Vicente will send you a reminder.	
Centro San Vicente is registered as a tax-exempt non-profit 501 (c) (3) org tax-deductible to the full extent allowed by law. Centro San Vicente will swhich can be used as documentation for tax purposes. Contributions can be El Paso, TX 79915.	end an acknowledgement of your contribution
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