



Mail-In Donation Form

Checks can be made payable to the Asian Health Coalition of Illinois

Please mail the completed form with your donation to:

Asian Health Coalition of Illinois

4753 N. Broadway, Ste. 614

Chicago, IL 60640

Enclosed, please find my donation to the Asian Health Coalition of Illinois in the amount of:

\$ _____.

Donor Information:

Name: _____

Affiliation: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

I would like to be added to AHCI's email list.

Upon receipt of your donation, we will send you a Thank you letter as written acknowledgement of your tax-deductible charitable contribution. AHCI is a 501(c)(3) nonprofit tax-exempt organization.

Thank you for your generous support!