



Mail-In Donation Form

Please mail the completed form with your donation to:
Asian Health Coalition
180 W. Washington, Suite 1000
Chicago, IL 60602

Enclosed, please find my donation to the Asian Health Coalition
in the amount of: \$ _____.

Checks can be made payable to the Asian Health Coalition.

Donor Information:

Name: _____

Affiliation: _____

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

Thank you for your generous support!