

Mail-in Donation Form

Please print and complete this form then mail it along with your check to:

Beach Cities Health District
Attn: Finance
1200 Del Amo Street
Redondo Beach, CA 90277

Donor Information

First Name

Last Name

Company (only complete if gift should be listed under company name)

Address

City

State

Zip Code

Country

Phone

E-mail (by providing your email address, you are opting in to receive email communications from Beach Cities Health District. You may unsubscribe at any time.)

I prefer to make this donation anonymously.

Donation Information

Enclosed is my check for:

\$50 \$100 \$500 \$2,000 Other: _____

Your donation will go towards all over Beach Cities including mental health services, family coaching, program supplies, client transportation, operations and more. Please make checks payable to: Beach Cities Health District.

Beach Cities Health District is a government agency. Donations are tax-deductible within the guidelines of the law. Federal Tax ID: #95-1914553

For more information, contact Amanda VerWys, Engagement Specialist at Amanda.VerWys@bchd.org.