Donation Form for Check/Cash

Please print and complete this form then mail it along with your check/cash to:
Beach Cities Health Foundation
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.**

By checking this box, you are selecting to give anonymously. This means that the information above will not be reflected in any external donor recognition or communication.

☐ **I'd like to give in honor of someone. Name of honoree:** _____

Donation Information

Enclosed is my check/cash for:

☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ Other: _____

Select which program you'd like your donation to support:

☐ allcove Beach Cities ☐ Center for Health & Fitness ☐ Holiday Gift Bags

Beach Cities Health Foundation is a 501(c)(3) nonprofit organization.
As the fundraising arm of Beach Cities Health District, the Foundation secures private and philanthropic support to fund programs, expand services and bring innovative health solutions to the community.
Employer ID number (EIN): 95-3096165