



I want to help the Healthy Capital District Initiative improve access to primary and preventive health care for our most needy children and families in the Capital Region with a tax deductible gift.

All personal information collected is provided to us voluntarily and never sold or traded to other organizations.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Enclosed is my check for \$ _____ made payable to HCDCI.

MEMORIALS AND TRIBUTES

Donation in memory of: _____

In honor of: _____

Occasion: _____

Please send acknowledgement to: _____

Address: _____

City: _____ State: _____ Zip: _____

THANK YOU FOR YOUR SUPPORT

Please print this form and mail to:

Kevin Jobin-Davis, Executive Director, HCDCI,
315 Sheridan Ave., Albany, NY 12206