West Contra Costa School-Based Health Center Awareness Project

Thank you for your interest in helping West Contra Costa school-based health centers transform student lives by improving their health and academic success. West Contra Costa's six school based health centers are the result of a partnership between the West Contra Costa Unified School District, YMCA of the East Bay, Bay Area Community Resources, Contra Costa County Health Services, Brookside Community Health Center, Kaiser Permanente and the California School Health Centers Association.

Ways to Help

| this innovative | healthy students are vital to the health of our community. Please consider joining community collaboration and help ensure the continued success of the West School Community Health Partnership. Ways to help include: |
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| 0 | Make a personal/corporate financial gift to support the program Become a West Contra Costa SBHC Corporate Partner Help increase awareness about this program by inviting us to speak to your organization. Donate a product or service needed by the SBHCs Invite other companies, foundations and/or individuals to support this program |
| Yes - I want to support the West Contra Costa SBHC Campaign! | |
| Please use this form to let us know how you would like to support this project. All donations to the California School Health Centers Association received as a part of the WCC SBHC Campaign will be used to benefit West Contra Costa's SBHCs. | |
| | Here is my tax-deductible donation in the amount of \$ Check**Credit CardSend me an Invoice **Make checks payable to CSHC and specify that contribution is for the WCC SBHC Campaign. |
| | Become a West Contra Costa SBHC Corporate Partner\$1,000\$5,000\$10,000 Corporate Partners will be recognized for their support by CSHC and in each of the SBHCs. |
| | Help increase awareness about this program by inviting us to speak to your organization |
| | Donate a product or service needed by the SBHCs |
| | Invite other companies, foundations and/or individuals to support this program |
| | |

☐ Please contact me to discuss how I can best support this effort

Please provide contact information so that we may follow-up regarding your interests. Contact information: Name: ______ Organization: Phone: E-mail: -----Address: Credit Card Payment Information for credit card donations: Name on Credit Card: MasterCard/Visa Card Number: Billing Address for Credit Card if different than above:

Thank you for your support!

3-digit security code on card: _____