



Your gift today will eliminate barriers to care for 16,000 neighbors in Washington and Clackamas Counties. Your support of NHC's Healthy Neighbor Fund builds a healthier community one neighbor at a time.

**ONE-TIME & RECURRING DONATIONS**

Amount:

Type of Donation:

One-time    Recurring

**YOUR INFORMATION**

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

**CREDIT CARD INFORMATION:**

I will enclose a check made out to NHC

Name on Card:

Credit Card Number:

Expiration:

CVC Code:

**BILLING INFORMATION**

Same as Above

Yes

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

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Completed forms should be mailed to: Neighborhood Health Center, 7320 SW Hunziker Road Suite 102, Portland, OR 97223.  
They may also be emailed to [developmentdept@nhcoregon.org](mailto:developmentdept@nhcoregon.org).

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Privacy Policy: We take precautions to protect your information. We collect credit card or bank account information, names, addresses, and other data related to your transaction when you make a payment through our site. We use this information to process your payment.

Terms/Conditions: By submitting your payment, you authorize us to charge the account above for the amount specified in the Transaction Amount field. Account information for Recurring Pledges/Monthly Giving is encrypted and stored securely via SafeSave™ for automatic processing of your future payments. Notify us at anytime if you wish to discontinue your pledge.