



Make a financial contribution or become a paid member of Community Health Partners of the Lowcountry. All contributions are tax-deductible.

Please complete and send the form to:

Community Health Partners of the Lowcountry
P.O. Box 185, Charleston, SC 29417-0776
Telephone 843-571-6271
Email: chpl@bellsouth.net

I am committed to healthier communities. Here is my tax deductible donation of \$_____ (amount).

I want to join CHPL as a paid member.

- | | | |
|--------------------------|-----------------|-------------------|
| <input type="checkbox"/> | Individual | \$25.00 |
| <input type="checkbox"/> | Senior Citizens | \$10.00 |
| <input type="checkbox"/> | Student | \$10.00 |
| <input type="checkbox"/> | Non-profit | \$50.00 |
| <input type="checkbox"/> | Small Business | \$100.00 |
| <input type="checkbox"/> | Corporate | \$250.00 |
| <input type="checkbox"/> | Government | \$500.00 & above |
| <input type="checkbox"/> | Benefactor | \$500.00 & above |
| <input type="checkbox"/> | Sponsor | \$1000.00 & above |