Southeast Indiana Health Center

A Member of the Volunteers in Medicine Alliance

Your support is helping bring quality health care services to those in need in our community.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

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☐ I wish to make a contribution to the Southeast Indiana Health Center: $_____

My contribution is in Memory of _____

My contribution is in Honor of _____

☐ Patient Sponsor Level $ 100.00

☐ Community Partner Level $ 500.00

☐ Community Leader Level $1,000.00

☐ Caring Level $ _____

☐ I wish to make an in-kind donation of:

_____

Mail Donations to:

SEIHC
PO Box 126 Batesville IN 47006

All donations are tax deductible.
SEIHC will send you a confirmation letter of your donation for tax purposes.
Thank you for your generous support!