



**Donation
to**

ARIZONA SCHOOL-BASED HEALTH CARE COUNCIL, INC

Affiliated with the National Assembly on School-Based Health Care

Name: _____ Date: _____

Title: _____

Employer: _____

Mailing Address: _____

City: _____ State : _____ Zip: _____

Phone: _____ E-Mail: _____

Cell #: _____

\$1,000 _____ \$500 _____ \$100 _____ \$50 _____ \$ _____ Other

Check No. _____

Make payment to: Arizona School Based Health Care Council, Inc.

Mail to: 202 E. McDowell, #130, Phoenix, AZ 85004-4588

Thank You!

Contact: Ruth Mota, Administrative Assistant

602-263-8002

rimota@azshbc.org

www.azshbc.org

