



Alexandria Neighborhood Health Services, Inc.

Making a Difference at the Arlandria Health Center
2 East Glebe Road – Alexandria, VA 22305

Donation Form

Please return with your contribution.

YES, I want to Support ANHSI's Mission with a Gift of:

\$50 \$100 \$250 \$500 \$1,000 \$1,500 \$2,500 \$5,000 Other Amount \$ _____

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

Check Enclosed (Please make your check payable to **Alexandria Neighborhood Health Services, Inc.**)

Charge my credit card # _____ Expiration: _____

VISA Master Card

Authorized Signature _____ Date: _____

For an Online Contribution, please visit ANHSI's website at www.anhsi.org

Be an Access to Care Champion

As a monthly donor, your commitment will support our work all year around!

I'd like to make a monthly gift \$ _____ Month of first transaction _____

Date of monthly transaction: 1st of the month 15th of the month Another Date _____

See over for information regarding How Your Contribution Makes a Difference!

I wish to designate my gift for:

Well Child Clinics & Pediatric Illness Care Women's Health Mental Health Counseling

Chronic Illness Care Center Staff Training Capital Needs Where the Need is Greatest

Other _____

I would like this gift to be: In Honor Of In Memory Of

NAME _____

Please notify the following individual (s) about my gift (no amount mentioned):

NAME _____

ADDRESS _____

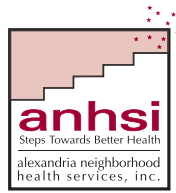
Please list me/us in your Annual Report as:

Do not list us in your annual report.

Federal Tax ID: 54-1849891 United Way: 8094 CFC: 25087

Your Contribution is Tax Deductible as Provided by Law





We thank you for your generous support that allows us to meet the increasing demand for care and continue to expand access and services.

Examples of How Your Contribution Makes a Difference!

\$10,000 gift would provide

- 100 pediatric health care visits for uninsured children
- 100 dental visits for uninsured children
- 90 health care visits to monitor cancer treatment
- Medications for chronic illness for 310 uninsured patients

\$2,000 gift would provide

- 20 pediatric acute care visits
- Nutrition education to prevent and treat childhood obesity
- Nebulizer treatments for 44 children with asthma
- 20 women's annual pap smears and breast exams

\$300 Gift would provide

- Two digital thermometers
- One pulse oximeter
- Prenatal vitamins for 36 uninsured pregnant women
- Four dental visits for uninsured patients

\$5,000 gift would provide

- Nebulizer treatments for 75 children with asthma
- Lab services and medical supplies for 180 uninsured children
- Medications for chronic illness for 155 uninsured patients
- Family counseling sessions for 50 families

\$1,000 gift would provide

- One audiometer for Pediatric Center
- 35 pediatric immunization visits
- 10 health care visits to monitor cancer treatment
- Lab services and medical supplies for 30 uninsured patients

\$100 gift would provide

- Antibiotic medication for five children
- Nebulizer treatments for two children with asthma
- Two family counseling sessions
- Child dental visit (cleaning, sealants, fluoride)

\$3,000 gift would provide

- 100 pediatric immunization visits
- 70 therapy sessions for uninsured children
- 120 vials of insulin and syringes for uninsured adult with diabetes
- 12 clinical staff training sessions

\$500 gift would provide

- 20 pediatric immunization visits
- Women's health diagnostic instrument kit
- Iron supplements for one year for 50 children with anemia
- Prenatal vitamins for 60 uninsured pregnant women

\$50 gift would provide

- Aerochamber for child with asthma
- Home nebulizer for uninsured child with asthma
- Stethoscope
- Two vials of insulin and syringes for uninsured adult with diabetes

Send your tax deductible contribution to:

ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES, INC. • P.O. BOX 358 • ALEXANDRIA, VA 22313