



YES! I would like to show my support for DotHouse Health's work in Fields Corner and surrounding communities.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Do not add me to the DotHouse Health mailing list.

Tell us more about your gift!

Please give acknowledgement to:

This gift is given anonymously

This gift is given in memory

This gift is given to honor someone

Please include anything else you would like us to know about the gift:

I am making a gift in the amount of:

\$ _____

Please return this form and your check (if applicable) to:

DotHouse Health - Office of the CEO

1353 Dorchester Avenue,

Dorchester, MA 02122

Please make checks payable to DotHouse Health. If donating by credit card, please complete the below:

Card Type: Visa Mastercard American Express

Name (as it appears on the card): _____

Credit Card Number: _____ Security Code: _____ Expiration: _____

Billing Address: _____

Billing City, State, and Zip: _____