



I/We wish to donate:

AMOUNT \$ _____

CHECK # _____

Donor(s) as you want your name(s) to appear _____

I give approval for my name to be featured on all donor recognition materials.

Address _____

City _____ State _____ Zip _____

Phone (best to reach you) _____ Email _____

HOW TO SUBMIT PAYMENT

Mail a check payable to Generations Family Health Center along with this stub

To Generations Family Health Center, Attention: Allison Heneghan, Director of Communications and Development
40 Mansfield Avenue, Willimantic, CT 06226

QUESTIONS? Contact Allison Heneghan, Director of Communications and Development
at (860) 456-6286 or aheneghan@genhealth.org

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Thank you for helping us shape the next chapter!