

*Yes, I will support your Holiday Giving Campaign and  
affordable health care in my community.*

## Reply Form

My check is enclosed

Charge my  Visa  Mastercard  Discover

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please send me updates via email: \_\_\_\_\_

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*Thank you for your support!*

Please make check payable to Manet Community Health Center, Inc.



110 West Squantum Street  
North Quincy, MA 02171

**Mission: We are a not-for-profit health and social services provider  
and we exist to be your partner for a healthier life.**

- My matching gift form is enclosed.  
 I have included Manet Community Health Center in my will.

This gift is:  in memory of \_\_\_\_\_

in honor of \_\_\_\_\_

Please send an acknowledgement to: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

*Thank you for your support!*

Manet Community Health Center is a not-for-profit charitable 501(c)(3) organization, registered with the Massachusetts Attorney General's Office under ID-number 042-646695. Donations are tax-deductible within the extent of the law. Manet Community Health Center does not exchange or rent its mailing list.



A federally qualified not-for-profit community health center organization

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