

community partners

Yes, I want to help make sure that people who are eligible for health coverage in Massachusetts get the information and help they need. I want to support Community Partners in this important effort.

I/we are donating:	
\$	
Name:	Co-donor Name:
Address (street, box):	Telephone:
Address (city, state, zip)	Email address:
Date of donation:	Should this donation be anonymous?

Community Partners, Inc. is a 501 (c) 3 organization. We will send you a receipt for your records. No goods or services will be provided for this donation.

Please send donations to:
Community Partners
24 South Prospect Street
Amherst, MA 01002
ATTN: **Yes!**