

thirdroot

community health center



Community Health Scholarship Donor Form

Thank you greatly for investing in community health care. Unfortunately, this donation is not tax-deductible, as we are a worker-owned cooperative business. If you have any questions about the scholarship process, talk to a practitioner at the front desk or give us a call at 718.940.9343.

Name: _____

Address: _____

Email: _____ Phone: _____

Amount of Donation: _____

Will half be used for your own healthcare? _____

Do you wish for the scholarship to be anonymous or may we recognize you in our newsletter?

Please explain why you are interested in providing this scholarship:

Do you have a preference how the scholarship is used – for one person or two, for one specific service or a conglomeration? Please specify and explain:

Thank you for your application and commitment to good health, well-being, and social justice!

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