



# Metro Community Provider Network

*Care to Make a Difference*

Enclosed is my tax-deductible contribution to help support MCPN in providing health care to the homeless and indigent individuals and low-income families and children who have not other means of healthcare in the State of Colorado.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

- Enclosed is my contribution of \$1,000 to basic medical services to one family of (4) for six months.
- Enclosed is my contribution of \$500.00 to support the purchase of new medical equipment for physically challenged patients seen at MCPN clinics.
- Enclosed is my contribution of \$200.00 to support prenatal care to low-income women.
- Enclosed is my contribution \$\_\_\_\_\_ to support MCPN's Endowment building with the Community First Foundation. (Contributions to the Endowment Fund have grown to over 2.2 million)
- Enclosed is my contribution \$\_\_\_\_\_ to support MCPN's Aurora Health Campus this project is an approved "Enterprise Zone" designation and qualifies the donor/contribution for a 25% State of Colorado Tax Credit for any contribution above \$100.00 on the total amount of the donation.
- Please accept my contribution in the amount of \$\_\_\_\_\_ to support general health care services provided by MCPN.
- I am interested in becoming a volunteer for MCPN; please contact me regarding volunteer opportunities with MCPN.

Visa       MasterCard       Discover Card       My check is enclosed

Cardholder's Signature: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

***Please send to MCPN P.O. Box 310, Englewood, CO 80151***

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***For additional information please contact John A. Reid, Vice President of Development, MCPN (303) 761-1977 Extension 1124 or email at [jreid@mcpn.org](mailto:jreid@mcpn.org)***