



Yes, I want to get more involved with Asian Pacific Health Care Venture, Inc. (APHCV)!

- Please contact me to arrange a personal tour of APHCV
- I would like to become a volunteer. Please contact me with more information.
- Please contact me about including APHCV in my will and other planned giving options.
- I would like to support APHCV with a donation of \$

I have enclosed a check made payable to: Asian Pacific Health Care Venture, Inc.

Please charge my: Visa Master Card American Express

Card Number: Exp. Date:

Name (as printed on card):

Signature: _____

Name: Date:

Address:

Telephone: Home Work

E-mail:

How did you hear about APHCV?

- Community Event
- Website
- Media
- APHCV Staff/Board Member (please list):
- Other (please specify):

Mail to:

Asian Pacific Health Care Venture, Inc.
 Fund Development Department
 1530 Hillhurst Avenue
 Los Angeles, CA 90027