



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
 4216 Fountain Avenue
 Los Angeles, California 90029

APHCV Administrative Office | 4216 Fountain Avenue | Los Angeles, California 90029 | 323.644.3880 | www.aphcv.org

Belmont Health Center
 180 Union Place
 Los Angeles, California 90026
 323.644.3885

El Monte/Rosemead Health Center
 9960 Baldwin Place
 El Monte, California 91731
 626.774.2988

John Marshall High School Health Center
 3939 Tracy Street
 Los Angeles, California 90027
 323.665.1129

Los Feliz Health Center
 1530 Hillhurst Avenue
 Los Angeles, California 90027
 323.644.3888