

**HEALTHCARE FOUNDATION
NORTHERN SONOMA COUNTY**

**GIFTS & CHARITABLE DONATIONS
BANK WIRE TRANSFER INFORMATION**

Mail or fax a copy of this form to the Healthcare Foundation office

Date: _____

From: Donor's Name: _____

To: Donor's Banking Institution _____

Address: _____

City/State/Zip _____

Telephone: _____ Fax: _____ E-Mail: _____

Please wire transfer \$ _____) to the following account:

Recipient name & address: Healthcare Foundation Northern Sonoma County
132 Mill Street, Suite 211
P.O. Box 1025
Healdsburg, CA 95448
707-473-0583 phone
707-473-0587 fax

Foundation bank location: Exchange Bank
1031 Vine St.
Healdsburg, CA 95448

Foundation account number: 1160036131

Bank ABA/Routing number: 121101985

Healthcare Foundation is a 501(c)(3) not-for-profit organization. Tax ID #68-0474109.

Thank you. Should you have any questions Healthcare Foundation at 707-473-0583.

P.O. Box 1025
Healdsburg, CA 95448
Tel 707-473-0583 Fax 707-473-0587 E-Mail info@healthcarefoundation.net