

Gift Form



Donor Information

Name(s): _____

Mailing Address: _____

Phone: _____ Email: _____

Gift Information

I/We give a total of \$ _____ to be given One time Monthly Quarterly Annually

I/We designate this gift for the following: Wherever the need is greatest Dental Medical

Dr. H. David Bruton Endowment Fund

Cash Check *Please make checks payable to Moore Free & Charitable Clinic*

Credit Card Card No. _____ Exp Date _____ Code _____

Other (e.g., stock, matching, qualified charitable distribution, other non-cash gift) *describe:* _____

For tribute gifts, select one: In memory of In honor of

Honoree Name(s): _____

For tribute gifts, we will send an acknowledgement of your gift without amount to the person(s) named below:

Name(s): _____

Mailing Address: _____

If different from the donor names above, please use the following name(s) in the acknowledgement (unless the anonymous box is checked) _____

I/We wish to remain anonymous

On behalf of our grateful patients, thank you for your generosity in support of our mission of health and hope. Moore Free & Charitable Clinic is a 501(c)(3) non-profit organization. All gifts are tax exempt to the extent permitted by law.

www.moorefreecare.org