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Donor Information (Please print or type)

Name	
Address	
City	
State	Zip
Phone (Home)	
Phone (Business)	
Fax	Email

I (we) [] Y a total of \$_____ to be paid:

Now Monthly Quarterly Annually Other, please describe: _____SSSSSSSSSSSSSS_____

Cash Check

Credit Card _____ Expiration _____ Security _____

Card Type: _____SSSSSS_____ Card Number: _____SSSSSSSS_____SSSS_____ Date: _____ Code: _____

Stock _____

Gift will be matched by _____(company/family/foundation).

Form enclosed Form will be forwarded

Memorial Gifts

Please use the following name(s):

Honoree(s) Name

(For memorial gifts: We will send an acknowledgement of your gift to the person(s) named below:

Name	
Address	
City	
State	Zip

Acknowledgment Information

Please use the following name(s) in all public acknowledgments:

Name	_____
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I (we) wish to have our gift remain anonymous.

Signature(s)	_____
Date	_____

Moore Free & Charitable Clinic is a registered 501(c)(3) organization. The tax ID# is 01-0781234. Please make checks, corporate matches, or other gifts payable to: **Moore Free & Charitable Clinic, Inc., 211 Trimble Plant Rd., Southern Pines NC 28387**

Phone: 910.246.5333 • Fax: 910.246.5330 • www.moorefreecare.org