



YES, I want to help provide healthcare to vulnerable people in our community!

Enclosed is my one-time contribution of:

Contribution options: \$10, \$20, \$50, \$75, \$100, \$283*, Other Amount: \$

* \$283 = cost to provide a full year of healthcare for one patient

- Check enclosed (payable to the Free Clinic of Central Virginia)
Please charge my credit card (please fill in credit card information below)
Please charge in full \$ OR Please charge monthly installments of \$

I want to be a Sustainer of the Free Clinic! Please charge my credit card each month:

Monthly contribution options: \$10, \$20, \$50, \$100, \$

Credit card will be charged this amount each month (renews annually).

Payment methods: Visa, Mastercard

Credit Card Number, Expiration Date, 3 Digit Code, Signature

Please help us by correcting or adding your contact information:

Contact information fields: Name, Address, City, State, Zip, Home phone, Cell phone, Email address

- I would like information about including the Free Clinic in my will.
My company, matches charitable gifts.

This gift is:

Gift type options: in honor of or in memory of:

You may also make a secure donation online. Just click 'Donate Now' at http://www.freeclinicva.org!

Thank you for your generosity.

Gifts are tax deductible as allowed by law.