

Yes! I want to help The CARE Clinic treat our needy uninsured neighbors by:

Donation \$ _____ (The cost of sponsoring one patient is \$75)

WS

___ I prefer that my gift to The CARE Clinic not be publicized.

Your Name: _____ Telephone # _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

In Memory of _____ In Honor of _____ Name: _____

Privacy Policy: Your name, address and other information is held in strictest confidence by our ministry and will never be sold, rented or given or any other organization.

You may also donate online at www.thecareclinic.org/donate.php

Please Send Acknowledgement to:

Name: _____ Street _____

City _____ State _____ Zip _____

Credit Card Number _____ MC _____ VISA _____

Signature _____ Exp. Date _____ / _____
MM / YY

If your employer offers a matching gift program for your charitable contributions,
please include the necessary form with your gift

The CARE Clinic is a 501 (C) (3) organization with the tax identification # 56 1837010. Your contribution may be tax deductible in accordance with the tax law. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Section at 1-919-807-2214. The license is not an endorsement by the State.

We thank you for your support!

You can mail your contribution to:

*The CARE Clinic
PO Box 53438
Fayetteville, NC 28305*

Or you can drop it by the clinic at:

*239 Robeson Street
Fayetteville, NC 28301
Mon-Fri 8:30 a.m. to 5:00 p.m.*