

# The CARE Clinic's Holiday Card Order Form

Yes! I want to help The CARE Clinic treat our needy, uninsured neighbors. *The minimum donation is \$10 per name.*

The CARE Clinic is a 501 (C) (3) organization with the tax identification # 56-1837010. Please send your tax-deductible contribution to: The CARE Clinic, PO Box 53438, Fayetteville, NC 28305. Donations may also be made by MasterCard or Visa. Contact the clinic at 485-0555 [projects@nc.rr.com](mailto:projects@nc.rr.com). Visit us at [www.thecareclinic.org](http://www.thecareclinic.org) for more information about us.

**My Name is:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Please list my name/business on cards as follows:** \_\_\_\_\_

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My contribution is made:  in memory of  in honor of

Please send *Holiday Card* acknowledgement to:  
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