

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

Donation \$ _____ (The cost of sponsoring one patient is \$70)

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: _____

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 1-888-830-4989. 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.*