

The CARE Clinic's Holiday Card Order Form

The mission of The CARE Clinic is to provide free quality health care to low income, uninsured adult residents of Cumberland County.

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

My Name is: _____

Business: _____

Address: _____

City/State/Zip _____

Home Phone # _____ **Work Phone #** _____

Please list my name/business on cards as follows:

My contribution is made: in memory of in honor of _____

Please send *Holiday Card* acknowledgement to:

Contribution Amount _____

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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 or care@thecareclinic.org