

charlottesville FREE CLINIC

DONATION FORM:

I would like to support the Charlottesville Free Clinic at the following level:

- | | | |
|--|--|--|
| <input type="checkbox"/> Friend \$1-\$99 | <input type="checkbox"/> Resident \$500-\$999 | <input type="checkbox"/> Patron \$5,000-\$9,999 |
| <input type="checkbox"/> Supporter \$100-\$249 | <input type="checkbox"/> Fellow \$1,000-\$2,499 | <input type="checkbox"/> Partner \$10,000-\$24,999 |
| <input type="checkbox"/> Advocate \$250-\$499 | <input type="checkbox"/> Colleague \$2,500-\$4,999 | <input type="checkbox"/> Founders Circle \$25,000+ |

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Please list my name in the CFC print and online publications as: _____

- Please keep my donation anonymous
 I would like to receive email communications from the CFC

My donation of \$ _____ is enclosed *(Please make checks payable to the Charlottesville Free Clinic)*

Please charge our donation of \$ _____ to MasterCard or Visa

Card # _____ Exp. Date _____

Signature _____ Date _____

- Please designate my donation to the **Bob Gregg Memorial Pharmacy Fund**
 Please send me information about make a **stock donation** to the CFC
 I would like to receive information about making a **bequest** to the CFC in my will or as the beneficiary of a **Charitable Remainder Trust**

My gift is in memory of in honor of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mail to:
Charlottesville Free Clinic
1138 Rose Hill Drive, Suite 200
Charlottesville, VA 22903

QUESTIONS?

Contact CFC Development at (434) 295-8965 or development@cvillefreeclinic.org.

*The CFC is a 501(c)(3) tax-exempt organization. Donations are tax deductible to the fullest extent allowed by law.
The CFC will mail you a receipt for your donation.*

THANK YOU FOR SUPPORTING THE CHARLOTTESVILLE FREE CLINIC!