

Free Clinic of Franklin County, Inc.

CONTRIBUTOR INFORMATION:

Name: _____ Anonymous?

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

I (we) want to help the Free Clinic of Franklin County assist our neighbors in need of medical, prescription, and/or dental services. I am enclosing a gift of:

\$25 \$50 \$100 \$250 \$500 \$1000 Other

Gift is In Honor Of: _____ In Memory Of: _____

Would you be interested in (check all that apply):

- Volunteering on a regular basis at the clinic
- Volunteering on an irregular basis at the clinic
- Volunteering at a fundraising event
- Sponsoring a fundraiser event
- Advertising in the Clinic Classic magazine or Clinic Clips newsletter
- Serving on the Board of Directors
- Making a gift through your Will and other planned giving options

Please list the names and addresses of those you think would be interested in supporting the clinic as a volunteer or contributor: _____

THANK YOU FOR YOUR SUPPORT!

The Free Clinic is a 501(c)3 charitable organization.

Please Complete and Mail to:
Free Clinic of Franklin County
PO Box 764
Rocky Mount, VA 24151

Comments: