



Clinic with a  
**HEART**<sup>®</sup>

## DONATION FORM

### Donor Information

Please Send Completed Form To:

Name: \_\_\_\_\_

**Mail:** Clinic with a Heart

Street Address: \_\_\_\_\_

P.O. Box 22851

Lincoln, NE 68542-2851

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email : \_\_\_\_\_

### Memorial / Tribute Information

Choose to make your gift a memorial or tribute.

If you would like for us to send a card, please complete the name and address below.

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

Name: \_\_\_\_\_

for holiday birthday get-well

Street Address: \_\_\_\_\_

anniversary other \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Donation

**Check:** Enclosed is my gift for \$ \_\_\_\_\_

**Ongoing Support:** Please send a reminder for ongoing support in the amount of \$ \_\_\_\_\_; monthly quarterly semi-annually annually

*\*Reminders will be sent via email, if email is provided.*

**Thank you for your gift to Clinic with a Heart! Together with the generous support from people like you we are making good health possible by making healthcare accessible.**

*Clinic with a Heart is a charitable corporation that is organized under Section 501 (c) (3) of the Internal Revenue Code. Contributions made to Clinic with a Heart may be deductible for income tax purposes.*

[www.clinicwithaheart.org](http://www.clinicwithaheart.org)