

PRINTABLE 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: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please list my name in 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 my donation of \$_____ to **MasterCard** or **Visa**

Card # _____ Exp. Date _____

Signature _____ Date _____

Please designate my donation to the **Bob Gregg Memorial Pharmacy Fund**.

I will donate through the **Commonwealth of Virginia Campaign** (CFC's code is 3739).

I have included information about my employer's **matching gift program**.

Please send me information about making 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:

Kathryn Cross, Development Director

Charlottesville Free Clinic

1138 Rose Hill Drive, Suite 200

Charlottesville, VA 22903

QUESTIONS?

Contact Kathryn Cross, Development Director at 434-295-0008 or kathryn@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!