



Holiday Card Donation Form

Please print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I wish to make a donation by: *(please check one)*

- Check - Amount \$ _____
- Cash – Amount \$ _____
- Credit Card: _____ Visa _____ MasterCard

Credit card donors please include the following information:

Card # _____ Expiration Date: _____

Total to be charged: \$ _____

Signature: _____

Please attach a list of names and addresses where holiday cards should be sent. Due to the volume of cards we send out during the holiday season, InterFaith's staff are unable to look up addresses or obtain correct addresses. Also, please include how you would like your name to appear on the holiday card.



Thank you for your donation. An acknowledgement for tax purposes will be mailed to you.

Please mail donations and list of honorees to:

**Donations
InterFaith Health Clinic
315 Gill Ave.
Knoxville, TN 37917**