

Wilmington Community Clinic

Donation Form

- ☐ Yes I want to help Wilmington Community Clinic with a tax-deductible donation (Tax ID # 95-3137803).

Step 1. How much? I would like to make a donation of:

☐ \$500 ☐ \$100 ☐ \$50 ☐ \$25 ☐ \$10 ☐ Other \$ _____

Step 2. How often?

☐ Every month ☐ Every Year ☐ Every 4 months ☐ One time donation

Step 3. Please send this form along with a check or money order to:

Wilmington Community Clinic
1009 N. Avalon Blvd.
Wilmington, CA 90744

Step 4. Please provide us with your information.

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email address: _____

☐ Send me a receipt via mail

☐ Send me a receipt via e-mail

Thank you for your gift