



Donation Form for Lake Area Free Clinic

Donated by: _____

Name(s) to be Acknowledged: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Enclosed is my check payable to the Lake Area Free Clinic in the amount of \$ _____

Please charge my donation to my credit card:

American Express

MasterCard

Visa

Amount: \$ _____

Card Number: _____ Exp. Date ____/____/____

Name as it appears on the card: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Please make this a recurring monthly donation in the amount of \$ _____

Signature: _____

Donation Other Than Cash (merchandise or service): _____

Description of Donation Other Than Cash: _____

This Donation Is a Memorial or Honorarium

In Memory of: _____

In Honor of: _____

I would like for LAFC to send notification of this donation to the honoree or to another designee.

Name to be acknowledged: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your generosity. We appreciate your support. Call us at 262-569-4990 if you have any questions.

Please print and mail this form to:

The Lake Area Free Clinic

856B Armour Road

Oconomowoc, WI 53066