

MATTHEWS FREE MEDICAL CLINIC

A not-for-profit organization providing free healthcare
for low-income, uninsured residents
of Mecklenburg & Union Counties

I / We are pleased to give a gift to the Matthews Free Medical Clinic.

Amount of Gift \$ _____

I/We intend to pay my/our gift as follows:

1. Check Attached _____

2. Bill Me:

Quarterly _____ Semi-Annually _____ Annually _____

Amount \$ _____ Beginning Date _____

**YOUR GIFT PROVIDES FUNDING
FOR VACCINATIONS, DIABETIC
CARE, DENTAL CARE, WOMEN'S
SERVICES AND OTHER
HEALTHCARE NEEDS FOR LOCAL
RESIDENTS, HELPING TO MAKE
OUR COMMUNITY HEALTHIER AND
STRONGER.**

**Thank you for your generous support.
Your gift should be paid in full by December 31, 2011**

_____ My employer has a Matching Gift Program. Please contact me for details.

Please make checks payable to: **Matthews Free Medical Clinic**

Return to:

MATTHEWS FREE MEDICAL CLINIC
113 N. AMES STREET MATTHEWS, NC, 28105
Phone: 704- 841-8882 Fax: 704-841-8879
E-Mail: atracewell@matthewsfmc.org

Signature _____

Name (Please Print) _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail _____

Your gift to the Clinic is tax deductible to the extent allowed by current tax laws as applicable.