

MATTHEWS HEALTH CLINIC

***“SERVING THE UNINSURED IN
THE GREATER MATTHEWS COMMUNITY.”***

I / We are pleased to give a gift to the Matthews Health 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 should be paid in full by December 31, 2007

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

MATTHEWS HEALTH CLINIC

*“PROVIDING QUALITY HEALTH CARE
TO UNINSURED, LOW INCOME
FAMILIES AND INDIVIDUALS IN THE
GREATER MATTHEWS AREA ”*

Please make checks payable to: **Matthews Health Clinic**

Return to:

MATTHEWS HEALTH CLINIC

113 N. AMES STREET MATTHEWS, NC, 28105

Phone: 704- 841-8882 Fax: 704-841-8879

E-Mail: matthewshealthclinic@carolina.rr.com

Signature _____

Name (Please Print) _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

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