

**I WANT TO SUPPORT NORTHLAKES COMMUNITY CLINIC**

I / We wish to give the amount of: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Can we contact you via:  Standard Mail  Email  Either

**ONE TIME GIFT**

Credit or debit card payment at [www.northlakesclinic.org/donate](http://www.northlakesclinic.org/donate) or

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

Payment enclosed (\$ amount) \_\_\_\_\_

Please make check payable to NorthLakes Community Clinic

Mail to:

NorthLakes Community Clinic

Attn. Diane McFarlane

7665 US Highway 2

Iron River, WI 54847

**GIFT MADE OVER TIME**

Monthly, quarterly or annual credit or debit card payments can be made at:

[www.northlakesclinic.org/donate/](http://www.northlakesclinic.org/donate/)

**HONORARY GIFT**

This gift is in honor/memory of: \_\_\_\_\_

Please send acknowledgement to: \_\_\_\_\_

Address: \_\_\_\_\_

For more information contact: Madelaine Rekemeyer, Development Director at 888-834-4551 extension 1340 or email [mrekemeyer@northlakesclinic.org](mailto:mrekemeyer@northlakesclinic.org)

I/we wish to have our gift remain anonymous