

I WANT TO SUPPORT NORTHLAKES COMMUNITY CLINIC

I / We wish to give the amount of: _____

I/We would like our donation to go towards: **Ultrasound Machine** **Dental Wheelchair Platform Lift**

Use as NorthLakes sees fit **Other:** _____

Name _____

(Print name as you would like it to appear on donor lists.) **I/we wish to remain anonymous**

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 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

GIFTS MADE OVER TIME

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

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