

People's Community Clinic

offers care
with respect and dignity
to people with little
or no health insurance.

Development Dept.
2909 North IH-35
Austin, TX 78722
www.austinpcc.org
512.708.3109
512.542.9940 fax

DONATION FORM

Please fill out the form below and mail or fax it to the Development Department.
Questions? Call Miriam Mueller, Giving Manager, 512.708.3109.

DONOR

NAME	_____		
ADDRESS	_____		
CITY	STATE	ZIP	
_____	_____	_____	
PHONE	EMAIL		_____
_____	_____		_____

TRIBUTE GIFT

I/WE ARE MAKING THIS GIFT IN HONOR OR MEMORY OF:

NAME _____

PLEASE NOTIFY: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEMBERSHIP

MEMBERSHIP OPTIONS

I/we have decided to join/renew our membership in the Council of 100 with a gift of \$1,000. *Member benefits of the Council of 100 include two complimentary tickets to the Clinic's annual luncheon.*

I/we have decided to join/renew our membership in the President's Council with a gift of \$5,000. *Member benefits of the President's Council include a complimentary table at the Clinic's annual luncheon.*

PAYMENT OPTIONS

PAYMENT OPTIONS:

My check is enclosed.

Please charge my entire contribution immediately.

Please sign me up for a monthly or quarterly payment via my credit card. I wish to give \$ _____ per month/quarter, for a total contribution of \$ _____.

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

