

# 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 Katie Vitale, 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 \_\_\_\_\_

