DONATION FORM

Enclosed is our donation to help the Free Medical Clinic of Newberry County provide medical and dental services to the underserved and their households who live in Newberry County.

Date	
Contributor's NameAddress	
Amount \$	
•	er of the Clinic. See how your phout the year can keep the
\$20 monthly - \$240 annually \$40 monthly - \$480 annually \$60 monthly - \$720 annually \$100 monthly - \$1,200 annually \$140 monthly - \$1,680 annually \$280 monthly - \$3,360 annually \$600 monthly - \$7,200 annually	 1 day of operating expenses 2 days of operating expenses 3 days of operating expenses 5 days of operating expenses 1 week of operating expenses 2 weeks of operating expenses 1 month of operating expenses

(Based on annual operating expenses of \$86,400)