

Heart Mountain Volunteer Medical Clinic

501(c)(3) Organization

P.O. Box 1155, Powell, WY 82435

Yes, I wish to support the Heart Mountain Volunteer Medical Clinic.

The amount of my pledge is \$ _____

Paid herein \$ _____

Pledge to be paid over a _____ year period

with installments commencing on _____

Please send pledge reminder: Annually
 Semi-annually
 Quarterly

I wish to send securities: Name _____ # of shares _____

This gift will be matched by: _____

Please contact me, I wish to make a planned gift or bequest.

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Signature _____

For recognition purposes please list name exactly as follows: Remain Anonymous

Please accept this gift:

In honor of _____

In memory of _____

Contributions are tax deductible. Please make checks payable to: HMVMC



*Please Support
Neighbors Caring for Neighbors*

Thank You!