

# VOLUNTEER MEDICAL CLINIC

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 am sending 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: \_\_\_\_\_

Please accept this gift:

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

Gifts to the Campaign are tax deductible to the full extent allowed by law. Pledges may be fulfilled over a three-year period. Please make checks payable to:

**Powell Medical Foundation/HMVMC**

**P.O. Box 1155 Powell, WY 82435**



*Thank you*