



Christian Nursing Service Moving Forward

MONTGOMERY
COUNTY

Free Clinic



Looking forward. Giving back.

Montgomery County Free Clinic Endowment Fund

Name(s) _____

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City _____ State _____ Zip _____

Phone _____ Email _____

I/we wish to make a one time contribution of \$ _____ to the MC Free Clinic Endowment Fund.

I/we wish to make a pledge of \$ _____ to the MC Free Clinic Endowment Fund over a period of time, up to three years by giving \$ _____ per year for _____ years.

Make checks payable to Montgomery County Community Foundation with MC Free Clinic Endowment in the memo line. Mail pledges and gifts to the Montgomery County Community Foundation, 119 E. Main St., P.O. Box 334, Crawfordsville, IN 47933. For credit card payments, go to <http://mcfreeclinic.org/contribution/>.

All gifts are recognized in the Annual Report unless noted otherwise.

Please do NOT publish my name in MCCF or MC Free Clinic materials.

Signature _____ Date _____