



Mail-In Donation Form

Mail this completed form, along with your check or money order (if applicable) to "Free Access Health Clinic". Thank you for your gift!

I would like to Donate: (please check only one)

\$250 \$100 \$50 \$25 Other: \$_____

First Name:* _____ Last Name: * _____

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Yes, I would like to receive email updates from Free Access Health Clinic.

* Required Field

Payment Information:

My check or money order is enclosed. Make checks or money orders out to "Free Access Health Clinic". Please do not send cash as a donation.

My credit card information is below:

American Express Discover MasterCard Visa

Credit Card Number: _____

Exp. Date: _____ CVC Code: _____

Signature: _____

Please mail your gift to:
Free Access Health Clinic
Attn: Donation
400 Swift Street, Unit 100, South Burlington, VT 05403

Please know that your contribution is tax-deductible to the fullest extent allowable under law. IRS regulations require us to state that we did not provide any goods or services to you in consideration of your contribution. EIN #86-2016060.