



*Angels
Community
Clinic*

(270) 759-2223 • Fax: (270) 759-2225
1005 Poplar Street, Murray, KY 42071

I want to contribute \$ _____ .00 to Angels Community Clinic.

This is a one time donation.

I would like to make this donation

Monthly Quarterly Semi-Annually Annually

I would like to make this donation In Memory of In Honor of

Name:

Address:

City:

State:

Zip Code

I would like someone to contact me about a donation of one of the following:

Bequests **Real Estate** **Life Insurance**

Charitable Remainder Trust **Charitable Lead Trust**

Donation made by:

Name:

Address:

City:

State:

Zip Code

I prefer to make this donation anonymously.