



## Cash Donation Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

**Please make checks, corporate matches, and other donations payable to:**

\_\_\_\_\_ Community Health Foundation/Rice Lake Area Free Clinic \_\_\_\_\_

**If made payable to the Community Health Foundation,** the gift will be matched by them.

Please keep my donation confidential

Mail to: Free Clinic  
1035 N Main Street  
Suite G02  
Rice Lake, WI 54868  
Phone: 715-736-3733  
Fax: 715-736-3734

