



Cash Donation Form

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home 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

Gift will be matched by: Community Health Foundation

Please keep my donation confidential

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

