

# CELEBRATING MIRACLES

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Donate Online: **lackeyclinic.org/giving-options**

All gifts are tax-deductible.

I want to help change my community one life at a time:

**Gift of Help:**

\$1,000 per year for 5 years

**Gift of Healing:**

\$5,000 per year for 5 years

**Gift of Hope:**

\$10,000 per year for 5 years

**YES, I WANT TO BRING HOPE, HEALING AND HELP TO THOSE IN NEED.**

*Ensuring that thousands of our local citizens receive compassionate, quality medical care.*

***I would like to:***

Contribute a gift of \$ \_\_\_\_\_  
per year for \_\_\_\_\_ years  
beginning 20\_\_\_\_.

Contribute a one-time gift of  
\$ \_\_\_\_\_.

My check is enclosed. *Please make payable to Lackey Clinic.*

My annual pledge payment is enclosed.

Please charge my credit card:  MC  Visa  AMEX

Name on card \_\_\_\_\_

Account number \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

*If using credit card: I authorize the above organization to charge my card in accordance with the information above.*

*Lackey Clinic is a tax-exempt 501 (c) (3) charitable organization-EIN#54-185091*

**I will donate online of \$ \_\_\_\_\_ at [lackeyclinic.org/giving-options](http://lackeyclinic.org/giving-options)**