



I WOULD LIKE TO SUPPORT THE ARUBAH COMMUNITY CLINIC AT THE FOLLOWING LEVEL:

- FRIEND \$1-99 SUPPORTER \$100-249 ADVOCATE \$250-499 RESIDENT \$500-2500
COLLEAGUE \$2500-4999 PATRON \$5000-9999 PARTNER \$10000-24999 FOUNDERS CIRCLE \$25000+

First Name Last Name

Business Name

Street Address City State Zip

Home Phone Cell Phone

E-mail address

- I am enclosing a check for my sponsorship payment. (payable to Arubah Community Clinic)
Charge my debit or credit for my sponsorship payment.
\$35 \$70 \$140 \$280 Other Amount

Debit/Credit Card Number Expiration

I hereby authorize Arubah Community Clinic to charge my debit or credit card based upon what I marked below:

- Charge my debit or credit card for a one time sponsorship only.
Charge my debit or credit card for an ongoing sponsorship.
monthly quarterly annually

Preferred Withdrawal Date:
5th 10th 15th 20th

Signature Date

- I would like my/our name(s) to be listed in Arubah publications as follows:

- I would prefer my donation remain anonymous.
I am interested in volunteering at the Arubah Community Clinic.

The Arubah Community Clinic is a 501(C)(3) tax-exempt organization. Donations are tax deductible to the extent of the law.