

# Rice Lake Area Free Clinic - Volunteers in Medicine

## Donation Form

Join the *Rice Lake Area Free Clinic – Volunteers in Medicine (RLAFC-VIM)* in its efforts to create a healthier community in Barron, Rusk and Washburn Counties. With your support, we can make a difference in families who are unable to afford basic health care services.

I would like to help and make a tax-deductible contribution to RLAFC-VIM

My gift of \$\_\_\_\_\_ is enclosed.

\_\_\_\_\_ I would prefer to keep my gift anonymous.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

My gift is honor of: \_\_\_\_\_

My gift is in memory of: \_\_\_\_\_

My preference for gift acknowledgement is:

\_\_\_\_\_ Mail    \_\_\_\_\_ Email    Phone: \_\_\_\_\_ Home    \_\_\_\_\_ Work

Please send your contribution to:

RLAFC-VIM  
1035 North Main Street  
Suite G02  
Rice Lake, WI 54868

Thank you for your gift.