



## DONATION FORM

Enclosed is my tax-deductible contribution of:

\_\_\_\_\_ \$50    \_\_\_\_\_ \$100    \_\_\_\_\_ \$250    \_\_\_\_\_ \$500    \_\_\_\_\_ \$1000

Other \$ \_\_\_\_\_

\_\_\_\_\_ Use my gift where it is most needed

\_\_\_\_\_ I'd like to make a gift for:

\_\_\_\_\_ Primary care for medically indigent patients

\_\_\_\_\_ Pediatric Asthma Disease Management Program (PADM)

\_\_\_\_\_ E.N.E.R.G.Y. (Pediatric Weight Management Program)

\_\_\_\_\_ Other \_\_\_\_\_

If different from the name below, please list this gift as:

\_\_\_\_\_ Anonymous

\_\_\_\_\_ In memory of:    \_\_\_\_\_ In honor of:    \_\_\_\_\_ Kindly notify:

\_\_\_\_\_ My gift/pledge will be matched by my/my spouse's company. (Please enclose application)

\_\_\_\_\_ Please contact regarding estate planning.

\_\_\_\_\_ QueensCare Family Clinics is named in my will/trust.

\_\_\_\_\_ Please correct my name and/or address as I have indicated below.

*Please make check payable to "QueensCare Family Clinics".*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

QueensCare Family Clinics  
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[www.queenscarefamilyclinics.org](http://www.queenscarefamilyclinics.org)  
*Solicitation permit on file.*