

Mail-In Donation Form

Please mail this completed form, along with your check to the Order of Malta Clinic of Northern California.



ORDER OF MALTA®
WESTERN ASSOCIATION U.S.A.
CLINIC OF NORTHERN CALIFORNIA

Donation Amount* \$ _____

To Support:

- Clinic Expansion
 Clinic Endowment

In honor of: _____

In memory of: _____

Donor Information

First and Last Name* _____

Address* _____ Apt/Suite _____

City* _____ State* _____ Zip Code* _____

Phone Number* _____

E-mail _____

Yes, I would like to receive email from the Order of Malta Clinic of Northern California.

* Required Field

Payment Information

My check is enclosed. Make checks payable to Order of Malta Clinic of Northern California.

My credit card information is below:

American Express Discover MasterCard Visa

Credit Card Number _____

Exp. Date _____

Signature _____

Please mail your gift to:
Order of Malta Clinic of Northern California
C/o Sara Cumbelich
2121 Harrison Street, #120
Oakland, CA 94612
Nonprofit Tax ID# 20--5969389

Your contribution is tax-deductible to the fullest extent allowable under law. IRS regulations require us to state that we did not provide any goods or services to you in consideration of your contribution.