

PRIMARY CARE &



I would like to give HOPE and HEALING to uninsured families in our community...

Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Amount of Gift: _____

___ Check enclosed

___ Credit card Circle one: Visa Master Card Discover

Card number _____

Exp _____ Security number on card _____

Name on card _____

Billing address _____

Signature _____

My gift is in Honor/ Memory (circle one) of

Name of person to be notified of Honor/ Memorial gift:

Address _____

City, State, Zip _____

**The Primary Care and Hope Clinic is a non-profit 501©3 organization.
All contributions are fully tax deductible.**

Please print and mail to:

Primary Care and Hope Clinic

Attn: Bette McFarland

1453 A Hope Way

Murfreesboro, TN 37129

Thank you for supporting the Primary Care and Hope Clinic's mission of HOPE and HEALING for all.