

PRIMARY CARE &



*I would like to sponsor a DOVE on the  
WALL of HOPE*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

\_\_\_\_\_ Dove of Hope \$100  
\_\_\_\_\_ Dove of Hope and Peace \$250  
\_\_\_\_\_ Dove of Hope, Peace and Love \$500

Name to be printed on Dove \_\_\_\_\_

\_\_\_\_\_ 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.*