

Mendocino Coast Clinics Mail Form

I want to support Mendocino Coast Clinics, Inc. and its Mission "To provide quality medical, dental and behavioral health care services to all coastal residents regardless of their ability to pay."

Name _____ Phone _____
Mailing Address _____
City/State/Zip _____
Phone _____ Email _____

Type of Transaction

Tax Deductible Donation of \$ _____ Check Enclosed
 Charge my Credit Card VISA Master Card
Credit Card Number _____ Expiration Date _____
Card Holder's Signature _____

Memorials + Honorariums

In Memory Of _____ \$ _____
 In Honor Of _____ \$ _____
Send a Memory/ Honor acknowledgement card to family/individual.
 No Yes
Name _____
Address _____ City/State/Zip _____
Name _____
Address _____ City/State/Zip _____

- Please designate my donation for the Capital Campaign.
- I am interested in participating in Planned Giving. Please call me.
- I want to contribute a monthly pledge to MCC. Please call me.
- I want to volunteer at MCC Fundraising Events. Please call me.
- I want to provide a testimonial supporting MCC. Please call me.
- Save your stamp! I don't need a letter acknowledging my contribution.

Thank you for your contribution.

**Please mail to: Mendocino Coast Clinics
PO Box 1768
Fort Bragg, CA 95437**