

Third Street Clinic

I (we) choose to give a gift of: \$ _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

* optional

This gift is:

In memory of _____

In honor of _____

* optional

Please send acknowledgement to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Please make all checks payable to Third Street Clinic

Thank You