



Name: \_\_\_\_\_  
for your contribution of \$ \_\_\_\_\_

Volunteer's signature  
To: Hope Clinic  
Fed Tax ID #: 38-2469007  
Gifts are deductible to the full extent provided by law.

Hope provides free medical care, dental care, food and social services to those in need in our community. Your donation will help someone get the care they need now and supply them with hope for the future.  
www.thehopeclinic.org.



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