



# White Bird Clinic Donor Contribution Form

*Your generous donation to White Bird Clinic is a significant factor in helping support the needed programs and services*

*to people with low incomes or special needs*

*This gift is on behalf of an:*

Individual  Corporation  Foundation  Other: \_\_\_\_\_

*I wish to make a single donation in the amount of:*

\$25  \$50  \$100  \$500 \$\_\_\_\_\_ Other

*I wish to become a benefactor of White Bird and pledge \$\_\_\_\_\_ per year for a total of \_\_\_\_\_ consecutive years.*

*I would like to be contacted by White Bird to discuss a planned giving gift*

### **Individual**

<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>
<i>Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>

### **Corporation/Foundation/Other**

<i>Company:</i>		
<i>Contact Name:</i>		<i>Contact Info:</i>
<i>Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip code:</i>
<i>Email address (for receipt):</i>		

*Please contact me, I have other thoughts to share.*

*How would you like to receive future information about White Bird?*

*Annual Report*  *Fundraisers & Events*

*Volunteer Opportunities*  *Nothing, Thank You*

*How do you prefer we contact you?*

*mail*  *phone*  *email*

*Please make checks Payable To:*

*White Bird Clinic*

*341 E 12th Avenue*

*Eugene, Oregon 97401*