



Thank you for supporting Free Clinics of Iowa, as our organization relies solely on individuals, corporations, foundations and safety net funding. Our Board of Directors, staff and volunteers are actively engaged in building relationships for the long-term sustainability of our organization.

Date \_\_\_\_\_

Formal Name: \_\_\_\_\_ Prefers: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

My/our contribution to FCI is:

- |                                  |                                |                                |                                |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$75    | <input type="checkbox"/> \$50  | <input type="checkbox"/> \$25  | <input type="checkbox"/> Other |

Please check here if you DO NOT wish for us to include your name on a donor recognition list.

Please make checks payable to: Free Clinics of Iowa  
PO Box 12099  
Des Moines, Iowa 50312

For your records, and in compliance with IRS regulations, no products or services were provided for this contribution and so it is tax deductible to the fullest extent of the law.