



# Join The Friends of the Free Clinic Pledge Form

### Donor Information (Please Print or Type)

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Business) \_\_\_\_\_ Fax \_\_\_\_\_

### Pledge Information

I want to contribute: \$ \_\_\_\_\_

### Donation Preferences

\_\_\_\_\_ This is a one time donation

\_\_\_\_\_ I would like to make this a recurring donation:  
\_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_ Annually

**Friends of the Free Clinic** who pledge to contribute a minimum of \$1,000 or more annually, receive the following benefits:

- Invitation to the Clinic's Donor Appreciation Reception
- A Friends of the Free Clinic Lapel Pin
- Recognition on the Free Clinic's website—[www.FreeClinicSV.com](http://www.FreeClinicSV.com)
- Recognition on Community Health & Fitness EXPO Event Signage

\_\_\_\_\_ I pledge to donate a minimum of \$1,000 to the **Free Clinic of Simi Valley** in the next 12 months

Signature \_\_\_\_\_ Date \_\_\_\_\_

### The donation will be made in the form of:

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Online via Network for Good  
([www.NetworkForGood.org](http://www.NetworkForGood.org))

Credit Card (MC/Visa Only) \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_

Will the gift be matched by a company/family/foundation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Organization \_\_\_\_\_ Form Enclosed \_\_\_\_ Form Will Be Forwarded

Use the following name on acknowledgements: \_\_\_\_\_

\_\_\_\_\_ I wish to have our gift remain anonymous

**Please make checks payable to: Free Clinic of Simi Valley** 2060 Tapo Street, Simi Valley, CA 93063  
[www.FreeClinicSV.com](http://www.FreeClinicSV.com) Tax ID: 23-7108154