



**Madison Community  
Family Wellness Clinic**  
617 N. Segoe Road, Madison, WI 53705  
608-204-0078 • AmerifamWellness.com

### Generous Donation Form

I/we want to help provide affordable health and mental health care to those without insurance in the Madison area.

Name(s) (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I/we would like to contribute \_\_\_\$25 \_\_\_\$50 \_\_\_\$100 \_\_\_\$250 \_\_\_\$500 \_\_\_\$1000 \_\_\_  
\_\_\_\$2,000 \_\_\_\$3,000 \_\_\_\$4,000 \_\_\_\$5,000 \_\_\_Other:\$\_\_\_\_\_

\_\_\_ Please list my/our name as anonymous

\_\_\_ Please call me/us about a donation of securities/stock

Please use my/our gift to help with :

\_\_\_ Wherever it is needed most \_\_\_ Community education and outreach \_\_\_ Patient assistance fund

My/our gift is a:

\_\_\_ Check payable to Madison Community Family Wellness Clinic

\_\_\_ Visa/MC # \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Are there other people that you think might be willing to help us fulfill our mission?

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|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

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| Name | Address | Phone |
|------|---------|-------|

***On behalf of those we serve, thank you so very much for your support!***