

### Donor information

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Company name (if applicable) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Day phone \_\_\_\_\_ Email address \_\_\_\_\_  
 Signature \_\_\_\_\_

### Contribution information

I / we would like to support La Clinica with a gift in the amount of \$ \_\_\_\_\_

I / we would like to make my contribution in the following manner:

- Payment enclosed (if using credit card, please complete the credit card section below)
- As a one-time gift that I will send on the following date: \_\_\_\_\_ (we will send you a reminder)
- Over a period of time—please bill me according to the following schedule:
  - Annually ( \_\_\_\_\_ )       Semi-annually ( \_\_\_\_\_ & \_\_\_\_\_ )       Other \_\_\_\_\_
  - Month    Month    Month
- Through La Clinica’s **Direct Assistance Plan.** This plan allows contributions over time. With your authorization we will automatically withdraw a specified amount from your checking account or make a charge to your credit card according to the schedule of your choosing.

- Pre-authorized contribution of \$ \_\_\_\_\_ per month for \_\_\_\_\_ months
  - Checking account **(please submit a voided check.)**
  - Credit card **(please complete credit card section below)**

### Payment method

- Check enclosed** (please make check payable to La Clinica)
- Credit Card**                       Visa       MasterCard       Discover       American Express
- Name as it appears on card: \_\_\_\_\_
- Credit card number \_\_\_\_\_    Expiration date \_\_\_\_\_
- Security code \_\_\_\_\_ (located on back of card)

### Other information

- I would like my gift to support: \_\_\_\_\_ (undesignated gifts will be used for general support).
- My, or my partner’s, employer will match my gift (please contact me for more details).
- I would like information about La Clinica’s planned giving programs.
- I wish to remain anonymous.
- I wish to be recognized in the following manner: \_\_\_\_\_.

### Mailing information

Please mail this form and your contribution to La Clinica at 931 Chevy Way, Medford, OR 97504. Thank you for your support!