

New Hope Clinic Donation Card



To provide help and support to low income, uninsured Brunswick County residents, I have enclosed my tax deductible gift in the amount of: \$25; \$50; \$100; Other _____

Name _____ Phone _____

Address _____

Email _____

In Memory of / In Honor of: Name _____

Send Acknowledgement to: (Address)

I wish to remain anonymous

MAIL TO: New Hope Clinic
201 W. Boiling Spring Rd, Southport, NC 28461
DONATE ONLINE: www.newhopeclinicfree.org

Thank You!
We Truly Appreciate Your Support!

*Contributions are tax-deductible as allowed by law.
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