

Not a hand out. A Helping Hand for the Uninsured

I wish to make a tax-deductible donation to Helping Hands Clinic to improve the health of the uninsured by providing high-quality medical care to those in need in Caldwell County.

Please print this form and return it with your donation to:

Lilly Skok Bunch
Helping Hands Clinic
810 Harper Avenue
Lenoir, NC 28645

Questions: contact Lilly at 828.292.8296 or lilly@helpinghandsclinic.org

Donor Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ E-mail: _____

Enclosed is my check in the amount of: _____

If you wish to make your donation in honor or memory of someone you love, please complete the information below, including the name and address of those you wish to honor or memorialize. Helping Hands will send each honoree a card notifying them of your gift.

A minimum gift of \$25 per person is requested.

In honor / memory of (circle one) _____

For memorial gifts, please notify: _____

Address: _____

HELPING HANDS CLINIC
810 HARPER AVENUE
LENOIR, NORTH CAROLINA 28645
828.754.8565 OR LILLY@HELPINGHANDSCLINIC.ORG

