

New Hope Clinic Donation Card

To help provide healthcare and wellness services for underserved 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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