



Donation Sheet

Thank you for supporting the Open Arms Free Clinic, Inc. For credit card donations of monthly or one-time contributions – visit www.openarmsfreeclinic.org. For check and In-kind contribution, please complete the following information.

Date of Donation: _____

Individual or Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

I/We are making an In-Kind contribution

Item/Service: _____

Approximate Value: \$ _____

Check donation enclosed – payable to Open Arms Free Clinic, Inc

General Memo: _____

In Honor of [Name]: _____

In Memory of [Name]: _____

Send Acknowledgement of In Honor/In Memory gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please return this form to:

Open Arms Free Clinic, Inc

ATTN: Development, P.O. Box 678, Elkhorn, WI 53121

Phone: 262.379.1401; Fax: 262.379.1095; Email: info@openarmsfreeclinic.org

Thank you for your support!

OFFICE ONLY: Volunteer Contact: _____

Date of receipt: _____