

*Celebrating*  
— 25 YEARS —



# HOPE CLINIC

## 2024 Annual Appeal – Capital Campaign

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### **YES, I WANT TO GIVE THE GIFT OF HEALTHCARE!**

In support of Hope Clinic, I am enclosing a contribution of:

\$50     \$100     \$250     \$500     \$1,000     Other \$ \_\_\_\_\_

*I would like to make this a recurring monthly donation in the amount designated above. I know that my credit card will be charged monthly until Hope Clinic receives written communication from me.*

I would like to outfit a room within the new facility by sponsoring a space. Hope Clinic will contact me to discuss naming opportunities.

- Medical Exam Room (4 available) ..... \$6,750 each
- Clinic Waiting Room ..... \$7,000
- Clinic Lab Room ..... \$4,500
- Education/Training Room ..... \$8,700
- Education/Training Room – AV Equipment ..... \$5,800
- Pharmacy ..... \$6,500

My check is enclosed    OR    please charge my  Visa     Mastercard     Amex

Name as it appears on card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.    Exp. Date \_\_\_\_ / \_\_\_\_

Card Billing Zip Code \_\_\_\_\_    Security Code (CVC) \_\_\_\_\_

Signature \_\_\_\_\_

**Our Amazon Wish List is available at: <https://a.co/0WFVPWn>**

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