

Donation Form

Join The Open Door Clinic, Inc. in its efforts to alleviate the effects of poverty in our communities. With your support, we can make a difference in the lives of many Chippewa County families and individuals who are unable to afford basic health care services.

I want to help!

Yes _____ I would like to make a tax deductible contribution to
The Open Door Clinic, Inc.

My gift of \$_____ is enclosed.

Name: _____

Organization: _____

Address: _____

City: _____

State/Zip: _____

Home phone: (_____) _____

Work phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Thank you for your support!

Privacy policy: You can feel confident about how we use the information you give us. The Open Door Clinic, Inc. does not rent, sell, or share personal information about you with other people or companies without your prior consent.