

I've caught the Vision of The Neighborhood Christian Clinic!
Enclosed is my gift to help **Restore Health & Restore Lives.**

Single Gift: ___\$50 ___\$100 ___\$250 ___\$500 ___\$1000 ___\$5,000 Other \$_____

Monthly Gift: ___\$25 ___\$50 ___\$100 ___\$150 ___\$250 ___\$500 Other \$_____

Monthly giving is an easy, convenient and cost-effective way for you to make a difference.

Please consider a monthly gift using a debit or credit card.

We will complete the transactions and you can cancel at any time.

- Options:** 1) Donate online: TheChristianClinic.org
2) Donate by phone: 602 254 0445
3) Donate by mail: Address below

Name _____

Address _____

City / State / Zip _____

Phone _____ e-mail _____

Enclosed is my check payable to The Neighborhood Christian Clinic.

Please charge my credit/debit card:

VISA/MC/AmEx (circle one) # _____ Exp. _____

Name on Card _____ Signature _____

Please draft my checking/savings account:

Bank _____ Routing# _____ Account # _____

Name on Account _____ Signature _____



**The Neighborhood
Christian Clinic**

Restoring Health & Restoring Lives

1929 West Fillmore Street
Building C, Phoenix, Arizona 85009
www.TheChristianClinic.org

Thank you for your help in Restoring Health & Restoring Lives!

