

PANIRA Healthcare Clinic

Donation Method

Card Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			
Signature: _____	Date: _____		
Comment: _____			

Check/Money order can be made payable to: PANIRA Healthcare Clinic, Inc. Our mailing and physical address is:

PANIRA Healthcare Clinic
4975 East Tamiami Trail
Naples, FL 34113

OTHER DONATION METHOD: PLEASE CONTACT US

Tax ID: 47-5263276

Florida Department of Agriculture and
Consumer Services No: **CH-50973**

Phone: (239) 529-5580

Fax: (239) 280-0264

Cell: (239) 465-6929

E-mail: mgmegger@panirahealthcareclinic.org

Website: www.panirahealthcareclinic.org

REQUEST FOR PRESS RELEASE: May we use your company's name in local press releases and paid advertisement? **Yes**____ **No**_____

Please let us know if you need a copy of our "501(c)3" tax exempt form.

THANK YOU FOR YOUR CONTRIBUTION!