



PANIRA
Healthcare Clinic
Keeping Our Community Healthy

As the year ends, we are requesting your help to assist the Clinic to continue to provide quality Medical Care to children and adults in the Community of Collier County and surrounding areas. We are a Faith-Based and Not-For-Profit Clinic, please consider donating to our Healthcare Programs and Operations. Thank you and God bless! **Lawrence and Geneve Egger, Founders**

PLEDGE DONATION FORM

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: _____, First Name: _____ MI: _____

Street Address: _____ City: _____ State _____ Zip _____

Telephone Numbers: Home (_____) _____, (_____) _____

E-mail Address: _____

I would prefer that this contribution and/or my name be kept Anonymous.

Please indicate the name of the person (s) to recognize for this contribution _____

DONATIONS

A ONE-TIME DONATION IN THE AMOUNT OF:

\$5,000 \$2,500 \$1,000 \$500 \$100 \$50 Other: \$ _____

A REPEATING DONATION, AS FOLLOWS:

A sum of \$ _____ Once Every Month Quarter Year, amounting to a Total of \$ _____

MATCHING CONTRIBUTIONS

Does your Family/Friend/Foundation/Employer/Company match donations? YES/NO

Please enclose a signed Matching Donation Form from your Family/Friend/Foundation/Employer or Company, if applicable.

NOTES

Contributions to PANIRA Healthcare Clinic are charitable donations. The Clinic is recognized and described as not-for-profit, tax-exempt, under Internal Revenue Code (IRS) Section 501 (c) (3). Our registration number for solicitation of contributions is: CH50973 from the Florida Department of Agriculture and Consumer Services. Tax ID: 47-5263276.

Payments must be received before the end of the year to be eligible for a tax deduction for that year.

There is no minimum contribution amount. **Please make check to: PANIRA Healthcare Clinic. For card, please go to www.panirahealthcareclinic.org and click on the donate button. Otherwise, fill out the attached donation method form.**

Check here to receive a Mail of your Tax Receipt.

For more information, please visit www.panirahealthcareclinic.org, email Geneve Mongene-Egger at mgmegger@panirahealthcareclinic.org or call us at 239-529-5580.

Please send completed form and payment to

PANIRA Healthcare Clinic, 4975 East Tamiami Trail, Naples, FL 34113.

Phone: 239-529-5582. Fax: 239-280-0264

Please indicate if you would like to volunteer your time, resources and/or ideas at the Clinic. Thank you!