



We are requesting your help to assist the Clinic to continue to provide quality Medical and Mental Health Care to low-income children and adults in the Community of Collier County and surrounding areas. We are a 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!**