



Contribution Form

Please accept this contribution to help Wheeler Clinic foster positive change in the years ahead.

- | | | | | | |
|---|---|---|--|--|---|
| <input type="checkbox"/> \$0-99
Friend | <input type="checkbox"/> \$100-249
Sponsor | <input type="checkbox"/> \$250-499
Sustainer | <input type="checkbox"/> \$500-999
Leader | <input type="checkbox"/> \$1,000-4,999
Champion | <input type="checkbox"/> \$5,000+
Hero |
|---|---|---|--|--|---|

Name (as you wish to see it printed) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Donation \$ _____

Your gift of any amount is appreciated and tax deductible to the fullest extent of the law. Wheeler Clinic is a 501(c)3 corporation.

- I wish to remain anonymous.
- I have enclosed a matching gift form from my employer.
- Please send me more information about planned giving opportunities.

Credit Card Payment

- Please charge my gift for the amount indicated to:
- Visa Mastercard

Account Number _____

Exp Date _____

Name on Card _____

Signature _____

This gift is given:

In honor of: _____

In memory of: _____

Please send notification of gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Mail or fax your gift and form to:

Wheeler Clinic
Development Office
91 Northwest Drive
Plainville, CT 06062
Fax: (860) 793-4220

Thank you.