



Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Telephone: (____) _____

Please make this Donation:

Designation*

- General Donation
- We Care Campaign
- Golf Invitational
- Building Fund
- In Honor of

If your gift is in honor of a person, please list here: _____

Please provide a full mailing address for the individual or family you would like for us to notify of your gift. The amount of your contribution will not be included in the gift notification.

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Payment Type:

- Check
- Credit Card: ___ Visa ___ MasterCard ___ American Express ___ Discover

Amount: _____

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____ **Zip Code of Cardholder:** _____

Signature: _____

Please make your check payable to **BIFMC** and mail to:

Barrier Islands Free Medical Clinic
3226 Maybank Highway
Building C
Johns Island, SC 29455

Barrier Islands Free Medical Clinic is a nonprofit 501(c)(3) organization. Your contribution is tax deductible. Through your support, you are helping The Clinic bring quality healthcare services to the uninsured. For more information about Barrier Islands Free Medical Clinic, visit us at www.bifmc.org.