

Holland Free Health Clinic

99 W. 26th St.
Holland, MI 49423
(616) 392-3610
hfhclinic.org



Contact Information

First name:

Last name:

Street address:

City:

State:

Zip code:

Phone:

E-mail address:

Donation Information

I pledge to give a gift of:

\$25	\$50	\$100
\$250	\$500	\$1,000
Other		

One Time

Monthly

Quarterly

Other

Payment Information:

Check (made payable to Holland Free Health Clinic)

Credit Card

Name on card:

Card:

Mastercard

Visa

Card Number:

Exp. Date:

CSV:

Signature:

Date:

Acknowledgement:

I / We wish to remain anonymous

Please use the following name(s) in all acknowledgements:

Other Ways to Give:

My employer will match my gift (appropriate forms enclosed)

I would like to discuss planned giving options (wills, trusts, annuities, stock)

I would like to be contacted regarding volunteer opportunities