

Annual CWMA membership (\$25 family household) \$ _____

Your additional gift will make a big difference

Maintenance and Operations Fund \$ _____

Upkeep of the clinic building and grounds

Equipment Fund \$ _____

Purchase state-of-the-art medical equipment for Lopez Clinic

Reserve Fund \$ _____

Available for capital improvements or emergency needs

Endowment Fund \$ _____

Provide perpetual income for funding major capital improvements

Total tax deductible donation \$ _____

(credit card payment or checks to CWMA; no cash please)

Please check here if you'd like your donation to be anonymous

Name _____

Address _____

City/State/Zip code _____

Visa **Mastercard#** _____ **Exp.date** _____

Billing zip code _____

Date _____ **Signature** _____

Please send your donation to: **Catherine Washburn Medical Association
(CWMA) PO Box 309, Lopez Island, WA 98261**