

**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*

**Sikstrom Fund** \$ \_\_\_\_\_  
*For charitable patient care of Lopez residents*

**Endowment Fund** \$ \_\_\_\_\_  
*Provide perpetual income for funding major capital improvements*

**Physical Therapy** \$ \_\_\_\_\_  
*Provide funds to support PT's move to a new, larger space*

**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**