

**CATHERINE WASHBURN MEDICAL ASSOCIATION (CWMA)
DONATION**

Please print this, fill it out, and mail to the address at the bottom of form.

Annual CWMA membership (\$30 per 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 Lopez Island Physical Therapy

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 _____

Email address _____

_____ **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