

# PART OF THE FABRIC

**YES**, I want to help Matthew 25 provide free medical, dental, and vision services to uninsured, low-income residents of Allen County.

## ENCLOSED IS MY GIFT OF:

- \$250
- \$500
- \$1,000
- \$5,000
- Other: \$ \_\_\_\_\_

## METHOD OF PAYMENT

Check (Payable to Matthew 25)

Mastercard       Visa

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ 3-digit V code \_\_\_\_\_

Name on card (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Tax-Deductible Gifts: All gifts made to Matthew 25 Health and Dental Clinic are fully deductible within the terms of the IRS code. Matthew 25 is a tax-exempt, charitable organization described in Section 501c3. Federal Tax ID: 351484951

## CHECK ALL THAT APPLY

- This gift is in honor of \_\_\_\_\_
- This gift is in memory of \_\_\_\_\_
- Contact me about donating appreciated assets (stock, annuities, or other investments—or naming Matthew 25 in my estate plan).
- I want to give on an annual basis. Please contact me every year.
- I have already included Matthew 25 in my estate plan.
- My employer sponsors a matching gift program. Enclosed is my matching gift form.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

## MAIL TO

Matthew 25 Health and Dental Clinic  
413 E. Jefferson Blvd.  
Fort Wayne, IN 46802

(260) 426-3250 x215  
www.matthew25online.org