

PLEDGE A PATIENT

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 TO PLEDGE:

- 1 Patient (\$75)
- 2 Patients (\$150)
- 3 Patients (\$225)
- 5 Patients (\$375)
- 10 Patients (\$750)
- 20 Patients (\$1,500)
- 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