



# Red Bird Clinic Donation Remittance

Please fill out this form and mail with your tax-deductible donation to:  
**Red Bird Clinic, Inc. • 54 Queendale Center Beverly, KY • 40913-9607**

I wish to donate:  \$1,000  \$500  \$250  \$100  \$50  \$25  Other \_\_\_\_\_

I have enclosed a check payable to Red Bird Clinic, Inc.

Please charge my  Discover  Master Card  Visa

Name

Address

City

State

Zip Code

Card Number

Expiration Date (mm/yy)

Authorization Code

Signature \_\_\_\_\_

I would like my gift to be used at Red Bird Mission for the following ministry:

Where needed most  Community Health Outreach  Dental Clinic  Patient Assistance

Other

Missionary Support for

This gift is made in  memory or  honor of:

Check here if you would like a card to be sent on your behalf.

Send to:

