



Compassionate medical care For our working neighbors

## Not a Handout...A Helping Hand for the Holidays

Do you need a special way to recognize friends and family this holiday season or thank clients and colleagues for their business throughout the year? Show your appreciation with a contribution to Alliance Medical Ministry in recognition of someone important to you and help provide a medical home for the working uninsured in our community. We will send a personalized holiday card to each person notifying them of your gift in their honor. A minimum gift of \$25 per person is recommended.

Just fill out the information below and return the forms to us. Or send an email with the information to [lore.idol@alliancemedicalministry.org](mailto:lore.idol@alliancemedicalministry.org). We'll take care of the rest!

### Alliance Medical Ministry Holiday Giving Program

#### Donor Information

Name: *(individual or company, as you want it to appear on the card)*

\_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount: \_\_\_\_\_ Payment:  Check *(payable to Alliance Medical Ministry)*

Credit card:  Visa  or  Mastercard *(please circle)*

Card number: \_\_\_\_\_ Exp. \_\_\_\_\_

#### Honorees or Memorials

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

Honorees or Memorials

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

In Honor or Memory of: *(please circle)* \_\_\_\_\_

For memorial gift, please notify: \_\_\_\_\_

Address: \_\_\_\_\_