



FREE MEDICAL CLINIC OF DARLINGTON COUNTY

YES, I want to help the Free Medical Clinic of Darlington County minister to those in need in Darlington County. Enclosed is a tax deductible contribution in the amount of \$ _____.

- Please use this where it is most needed.
- Direct my gift to the _____ program.

Name _____

Address _____ City _____ State _____ ZIP _____

This is a gift in honor of

- (Occasion) _____
- In Memory of _____

Please send an acknowledgement to: Name _____

Address _____ City _____ State _____ ZIP _____

- Please send a brochure

Complete and return this form with your check to:
Free Medical Clinic of Darlington County, 203 Grove St., Darlington, SC 29532