



## Malta Dental and Medical Clinic

Dr./ Mr./ Mrs./ Ms. \_\_\_\_\_

Address \_\_\_\_\_

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

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

I have enclosed my gift in the amount of \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 Other \$ \_\_\_\_\_

### **Method of Payment** (Donate online at [maltaclinic.org](http://maltaclinic.org))

\_\_\_\_\_ Check (Payable to MALTA DENTAL AND MEDICAL CLINIC) \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Amex

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CSV \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_

This gift is given \_\_\_\_\_ in honor of \_\_\_\_\_ in memory of

Name \_\_\_\_\_

Please send notification of my gift to Name \_\_\_\_\_

Address \_\_\_\_\_

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

I have included the Malta Dental and Medical Clinic in my Estate Plan.