



Yes! I/we support the North Country Children's Clinic.

Name/s: _____
(as you wish it to appear in acknowledgments and publications)

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-mail: _____

Select one: ☆ Capital Campaign ☆ Richard E. Charles Memorial Fund ☆ Divide Gift Equally

☆ I/we wish to make a pledge of \$ _____ over a period of _____ years.

☆ Please send me payment reminders. ___ yearly ___ twice yearly

☆ Enclosed is my/our pledge payment or contribution of \$ _____

☆ Please bill my credit card \$ _____

I authorize my ___ Visa or ___ MasterCard account to be billed for the amount indicated above.

Account # _____ Expiration date _____

Name as it appears on card _____

Signature: _____ Today's Date: _____

☆ This gift is in honor/in memory (circle one) of _____

Name & address of the person/s we should notify of this commemorative gift

—

☆ I/we prefer this gift remain **anonymous**.

Please make checks payable to
North Country Children's Clinic
Our federal tax ID # is 16-1030802.

Mail to:
The Children's Clinic
238 Arsenal Street
Watertown, NY 13601