



Options Clinic

Caring, confidential reproductive health services

YES, I WANT TO SUPPORT THE WORK OF OPTIONS CLINIC!

Name: _____

Please print name(s) as you want to be listed in our Annual Report

Please do not recognize my gift publicly.

Address: _____

Street

City

State

Zip

I/we would like to make a donation to:

the Reserve fund which maximizes flexibility by covering expenses that may not be allowed by federal Title X funding.

Options Clinic's services and programs.

I/we wish to make a donation of:

\$5,000 \$2,500 \$1,000 \$500 \$100 \$_____

My check is enclosed.

Please charge my credit card. (Circle one) VISA Mastercard

_____ Exp. _____

I/we wish to make this commitment: In honor of: In memory of:

My employer, _____, will match my/our gift.
(Please enclose appropriate matching gift forms.)

Your investment is tax deductible. Please make your gift payable to:

**Options Clinic
1201 Caledonia Street
La Crosse, WI 54603**

Thank you!