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Donor Letter

I / We are interested in supporting Our Lady of Hope Clinic’s mission to provide care to the uninsured of our community and would like to make a donation to the work of the clinic.

Our Lady of Hope Clinic is tax-exempt under section 501(c)(3) of the Internal Revenue Code in that the primary purpose of Our Lady of Hope Clinic is to serve the medical needs of individuals and families that cannot afford, or do not otherwise have access to, private health care coverage. A Letter of Determination has been requested.

I / We would like to support:

Our Lady of Hope Clinic general fund

\$_____ donation

\$_____ monthly - Please fill out the back of this form for automatic withdrawal.

Sponsor an individual or family

Sponsorship allows an individual or family to become a benefactor by paying their benefactor fee. Please fill out a benefactor letter of interest form to determine the correct benefactor fee.

\$_____ benefactor fee

If you wish to support a family directly, please provide their contact information.

Name(s): _____

Contact Information : _____

Please mail your donation to:

Our Lady of Hope Clinic
6425 Odana Rd,
Madison, WI 53719

Automatic Withdrawal:

Please fill out the form on the back of this page if you would rather have your donation withdrawn from your bank account.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email address _____