



Donor Contribution Form

White Bird Clinic

*Your generous donation to White Bird Clinic is a significant factor in helping support
the needed programs and services to people with low incomes or special needs*

This gift is on behalf of an: Individual Corporation Foundation Other: _____

I wish to make a single donation in the amount of: \$25 \$50 \$100 \$500 \$_____ Other

I wish to become a benefactor of White Bird and pledge \$_____ for a total of ___ consecutive years.

I would like to be contacted by a Development representative to discuss a planned giving gift.

Please contact me, I have other thoughts to share.

Individual:

First Name _____ Middle Initial ____ Last Name _____

Address _____

City _____

State _____ Zip Code _____

Company/Foundation:

Company _____

Contact _____

Address _____

City _____

State _____ Zip Code _____

Contact Phone # _____

E-mail address (for receipt) _____

How would you like to receive future information about White Bird?

- Annual Report Newsletter Fundraisers & Events
 Volunteer Opportunities Nothing, Thank You

How do you prefer we contact you? mail phone email

Make Payable To: White Bird Clinic
341 E. 12th Ave.
Eugene, Oregon 97401