



Return form to:
St. Clare Health Mission of Monroe County
310 West Main Street
Sparta, WI 54656
Ph: 608-366-5343
Fax: 608-366-1010

Thank you. Your gift will provide health care for Monroe County residents who have no health insurance and whose financial status prevents them from seeking medical care.

Yes, I want to support St. Clare Health Mission of Monroe County.

Checks payable to St. Clare Health Mission Monroe County.

Contributions are fully tax-deductible to the extent permitted by law.

___\$500 ___\$250 ___\$100 ___\$50 Other: \$_____

This contribution is from:

Name(s): _____

Address: _____

City/ State/ Zip: _____

Phone: _____

Email: _____

This gift is _____ in memory of
_____ in honor of

*Send an acknowledgement of this gift
(without reference to amount) to:*

Name(s):

Address:

City/ State/ Zip:

_____ I am interested in learning more about volunteer opportunities to support St. Clare Health Mission of Monroe County.

_____ I would like to arrange for a presentation about the Health Mission for a Monroe County organization.

Please contact me.