



## Support Clinic with a Heart

Your donation helps provide compassionate healthcare to those in need.  
Thank you for making a difference in our community.

### How to Donate by Check:

1. Date your check (top right corner).
2. Pay to the order of: **Clinic with a Heart**
3. Enter the amount in numbers (e.g., \$100.00).
4. Write the amount in words on the line below.
5. Memo line: 'Donation' or specific program (optional).
6. Sign your check.

### Mail Your Donation To:

Clinic with a Heart  
1701 S 17th St, Suite 4G  
Lincoln, NE 68502

Every gift matters. Thank you for your generosity and support. Contact us at [jeremy@clinicwithaheart.org](mailto:jeremy@clinicwithaheart.org) for more information or questions.

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### Donation Remittance Form:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Donation Amount: \_\_\_\_\_  
Designation (optional): \_\_\_\_\_

Please include this form with your check. Thank you for your support!