

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____ (For email communication from Crossroads Clinic only.)

Pledge (circle one): \$100, \$50, \$25, Other \$ _____ Payment Type (circle one): Bill Me, Cash, Check # _____

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All contributions are tax deductible * Make checks payable to Crossroads Clinic * THANK YOU!