



Barrier Islands Free Medical Clinic Donation Form

Providing a medical home and continuing primary health care to uninsured adults on Johns, Wadmalaw and James Islands

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: (____) _____

Please make this Donation:

- I would like my gift to remain anonymous
- This gift is in honor of _____
- This gift is in memory of _____

Please provide a full mailing address for the individual or family you would like for us to notify of your gift. The amount of your contribution will not be included in the gift notification.

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Payment Type:

- Check
- Credit Card: ___ Visa ___ MasterCard ___ American Express ___ Discover

Cardholder's Name: _____

Expiration Date: _____ Security Code: _____ Zip Code of Cardholder: _____

Signature: _____

Please make your check payable to **BIFMC** and mail to:

Barrier Islands Free Medical Clinic
3226 Maybank Highway
Johns Island, SC 29455

Barrier Islands Free Medical Clinic is a nonprofit 501(c)(3) organization. Your contribution is tax deductible. Through your support, you are helping The Clinic bring quality healthcare services to the uninsured. For more information about Barrier Islands Free Medical Clinic, visit us at www.bifmc.org.