

INDIAN DOCTORS CHARITY CLINIC DONATION FORM

GIFT INFORMATION

Amount \$ _____

Enclosed is my check made payable to Indian Doctors Club Charitable Foundation INC.

Or

Please charge my credit card:

Amex [] Discover [] MasterCard [] Visa []

Credit Card Number _____ Expiration Date _____

CSC ____ (For MasterCard or Visa, it's the last three digits in the signature area on the back of your card.
For American Express, it's the four digits on the front of the card.)

Name on Card _____

Signature _____

DONOR INFORMATION

Name _____

Address _____

City State/Province _____

ZIP/Postal Code _____ Country _____

E-mail _____ Daytime Phone _____

Indian Doctors Club Charitable Foundation INC.

c/o IDC Clinic

6550 Mapleridge St, Suite 222

Houston, TX 77081

Ph: 713-771-2255 Fax: 713-771-2251

-
- Indian Doctors Club Charitable Foundation INC. is a nonprofit 501(c)(3) organization.
 - This gift is tax-deductible in the United States
 - For more information, please call 713-771-2255 or email us at Charityclinic99@gmail.com
-