

YES! I WANT TO HELP SERVE WITH CAPSTONE HEALTH!

Your gift helps Capstone Health continue serving patients and families in our communities. Making quality healthcare accessible to those who need it most.

I want to make a SPECIAL ANNIVERSARY gift of:

- ☐ \$25 (Help provide care for 1 patient visit)
- ☐ \$1500 (Help provide care for 1 year)
- ☐ \$5000 (Pathways to Care Development Fund)
- ☐ \$ _____ (to area of greatest need)

I want to make a MONTHLY sustaining gift of:

- ☐ \$50 ☐ \$150 ☐ Other: \$ _____ on the (date) _____ of each month.

WAYS TO GIVE

- ☐ Cash/Check (enclosed)
- ☐ Give Online: capstoneclinic.org/give
- ☐ Scan to Make a Difference!

Scan QR Code with your phone camera to make a secure online donation.



Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Thank You for Helping Us Write the Next Chapter!

Capstone Health is a 501(c)3 Non-Profit. Your gifts and donations are deductible.