

E.C. Tyree Health & Dental Clinic
Donation Form

Name: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Donation Amount: \$ _____

Date: _____

Please mail donations to: E.C. Tyree Health & Dental Clinic
1525 N. Lorraine
Wichita, Ks. 67214

If you would like to make a credit card donation please complete the following information:

Type of Card: _____ Date: _____

Credit Card No: _____

Name as it appears on card: _____

Card Expiration Date: (mm/yy): _____

Card Code (three digit number on the back of card): _____

Amount Donated: \$ _____

Signature of Card Holder: _____

Thank you!