

Yes I want to help Matthew 25 provide free medical, dental, and vision services to uninsured, low-income residents of Allen County

METHOD OF PAYMENT

Check (Payable to Matthew 25)

Mastercard Visa

Card number _____

Expiration date _____ 3-digit V code _____

Name on card (please print)

Signature

ENCLOSED IS MY GIFT OF

\$250

\$500

\$1,000

\$5,000

Other _____

Tax-deductible Gifts: All gifts made to Matthew 25 Health and Dental Clinic are fully deductible within the terms of the IRS code. Matthew 25 is a tax-exempt, charitable organization described in Section 501c3. Federal Tax ID 35-1484951.

CHECK ALL THAT APPLY

This gift is in honor of _____

This gift is in memory of _____

Contact me about making a non-cash gift (annuities, tangible personal property, etc.)

I would like to learn more about including Matthew 25 in my estate plan.

I have already included Matthew 25 in my estate plan

My employer sponsors a matching gift program. Enclosed in my matching gift form.

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home/Cell phone _____ Work phone _____

MAIL TO: Matthew 25 Health and Dental Clinic phone: (260) 426-3250 x 215
413 E. Jefferson Blvd., Fort Wayne IN 46802 web: www.matthew25online.org

