

Your gift to Lopez Island Medical Clinic makes a big difference.

Please print this form, note the donation you wish to make, and send it with your check made payable to:

Catherine Washburn Memorial Association
P.O. Box 309
Lopez Island, WA 98261

Annual CWMA membership (\$25 family / \$15 individual) \$ _____

In addition to membership dues, many islanders make an annual donation to support one or more of the CWMA's five investment funds.

Maintenance and Operations Fund \$ _____

Provides upkeep of the clinic building and grounds

Sikstrom Fund \$ _____

Assists those who are unable to afford medical care

Equipment Fund \$ _____

Purchases state-of-the-art medical equipment for the clinic

Reserve Fund \$ _____

Creates funding for capital improvements and emergency needs

Endowment Fund \$ _____

Provides perpetual income for funding of major capital improvements

Total tax-deductible donation \$ _____

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home () _____ Cell () _____

Email _____

The CWMA is a registered 501(c)(3) organization. All gifts and donations are tax deductible.