

Donation Form



Donations help us serve the most people possible and are greatly needed to continue the Care Free mission.

5135 S. Pennsylvania Ave
Lansing, MI 48911
517.887.5922

*Please fill this form out and mail it with donation to
Care Free Medical*

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Phone: _____

Donation Amount: \$ _____

I would like my donation to be:

One time, Single Donation

Monthly Donation of:

\$ _____

Quarterly Donation of:

\$ _____

Semi-Annual Donation of:

\$ _____

Check Enclosed

Please charge my Credit Card

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

Zip Code: _____

Signature: _____

