



YES! I want to help CMC in its mission to provide prescription medications to seniors & primary health care & prescription medications to working uninsured residents of Barren County with a gift of:

- * Friend \$1.00-\$500
- * Supporter \$501-\$2,000
- * Partner \$2,001-\$5,000
- * Donor \$5,001-\$10,000
- * Patron \$10,000-25,000
- * Ambassador \$25,000-50,000
- * Golden Globe \$50,000-100,000
- * Centennial \$100,000-150,000
- * Centennial Plus Golden \$150,000
- * 5 Year Pledge \$ _____ per year
- * Estate Planning Gift \$ _____

Please print your name as you want it to appear in donor listings.

Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone: (____) _____ - _____

Please make checks payable to Community Medical Care. Contribution tax deductible as CMC is a 501c3 organization.

Commemorative Gift* (please check one) _____ In memory of: _____ In honor of:

Please Print Persons Name: _____

Send an acknowledgement of my commemorative gift to:

Name _____

Address _____

City _____ State _____ Zip _____

*Commemorative gift amounts are kept confidential.

MAIL TO:
Community Medical Care
204 North Race Street
Glasgow KY, 42141

“The Community At Its Best” ----- Taking Care Of Its Own!