

THANK YOU FOR BLESSING
BETHESDA HEALTH CLINIC
AS YOU HONOR OTHERS THIS CHRISTMAS SEASON!

Order Information:

5 Cards for \$50 Number of 5 packs _____ Amount due: _____
10 Cards for \$100 Number of 10 packs _____ Amount due: _____

Total payment: _____

Please make check payable to Bethesda Health Clinic or complete below:

Credit Card Number _____ Exp. Date: _____
Name on Card _____ CVC: _____
Billing Address for Card _____
Telephone _____
Email _____

_____ Please deliver my cards to: _____

_____ I would like to pick up my cards at Bethesda Clinic

You will receive a phone call or email when your order
is received and ready for pick up or delivery.

Acknowledgement of your donation will be mailed to you for tax purposes.
If not to address listed above, please note here:

Please complete and mail this form to:

Bethesda Health Clinic
Attention: Brenda Cagle
409 West Ferguson
Tyler, TX 75702