



Salmon River Clinic

1 Niece Avenue • P.O. Box 129 • Stanley, Idaho 83278
Ph (208) 774-3565 • Fax (208) 774-3424

DONATION FORM

FIRST NAME:	_____		
LAST NAME:	_____		
ADDRESS:	_____		
CITY:	STATE:	ZIP:	
_____	_____	_____	
EMAIL ADDRESS:	_____		
PHONE:	_____		

DONATION AMOUNT:	_____		
WOULD YOU LIKE TO HONOR AN INDIVIDUAL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> IN MEMORY OF	<input type="checkbox"/> IN HONOR OF	<input type="checkbox"/> IN CELEBRATION OF
NAME OF INDIVIDUAL	FIRST NAME:	_____	
OR	LAST NAME:	_____	
LOVED ONE:			
WOULD YOU LIKE AN ACKNOWLEDGEMENT CARD SENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SAME ADDRESS AS PRESENTED ABOVE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (if NO please write address below)	
ADDRESS:	_____		
CITY:	STATE:	ZIP:	
_____	_____	_____	
EMAIL ADDRESS:	_____		
PHONE:	_____		

<input type="checkbox"/> CREDIT CARD # _____	EXP. DATE: _____
<input type="checkbox"/> CHECK	<input type="checkbox"/> CASH