



McFarland Clinic
FOUNDATION

One-Time Donation (please complete all fields)

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Please select the **one fund** you wish to support:

- General Fund
- Community Health & Wellness Fund
- Employee Education Fund
- Employee Relief Fund
- Lynn Lanning Nursing Leadership Fund
- Medical Residency Training Fund
- Patient Experience Fund

Is your gift in honor of an individual?

- Yes
- No

If yes, please name the individual: _____

Enclosed is my check for: \$ _____
(made payable to McFarland Clinic Foundation)

Please enclose a check with this form and return to:
McFarland Clinic Foundation
Attn: Shelley Goecke
1215 Duff Avenue
Ames, IA 50010