



7th Annual Fundraising Dinner | August 27th at 6pm

- Yes! I will attend the fund-raising event. _____ # of Adults*
- No, I will not attend but please find my donation attached.*

One hundred percent of your donation will go directly into the Shifa Clinic. Your contribution will make it possible for us to provide and improve services for over 500 patients who rely on the Shifa Clinic for their health care. All proceeds will go towards the expansion of the clinic facilities and the annual operating budget. We thank you greatly for your support!

I would like to support the Shifa Clinic. I have enclosed a check in the amount of

_____ \$150 _____ \$250 _____ \$500 _____ \$2500 _____ \$5000 _____ \$ Other

Please provide the following information

Name

Address

City State Zip Code

Phone

Fax

E-mail

Please return completed form & check to the Shifa Clinic, P.O. Box 189083, Sacramento, CA 95818-9083