



Please print this donation form, fill it out, and fax or mail it to:

Charlotte Maxwell Complementary Clinic

610 16th Street, Suite 426
Oakland, CA 94612
Telephone: 510-601-7660
Fax: 510-601-7669

Yes! I want to help the **Charlotte Maxwell Complementary Clinic** provide free complementary alternative medical treatments to low income women with cancer. I am donating:

\$100 \$50 \$25 \$15 Other \$ _____

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Please contact me about becoming a monthly donor to CMCC.

I'd like to make this gift in (please check one): Honor of Memory of

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Please send a letter acknowledging this gift to:

Name _____
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Your contribution to the Charlotte Maxwell Complementary Clinic, a 501(c) 3 non-profit corporation, is tax-deductible to the fullest extent allowed by law. Please make your check payable to the **Charlotte Maxwell Complementary Clinic or CMCC**. Thank you!